A PLEA FOR THE INSANE

by

L. A. WEATHERLY, M.D.

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BY SAME AUTHOR

CARE AND TREATMENT OF THE INSANE IN PRIVATE DWELLINGS

AMBULANCE LECTURES

HOME NURSING

THE YOUNG WIFE'S OWN BOOK

With the late J. NEVIL MASKELYNE

THE SUPERNATURAL?

A PLEA FOR THE INSANE

THE CASE FOR REFORM IN THE CARE AND TREATMENT OF MENTAL DISEASES

BY

L. A. WEATHERLY, M.D.

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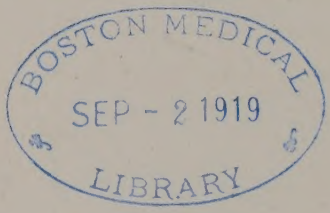

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I RESPECTFULLY DEDICATE THIS BOOK TO

THE MEMBERS OF THE HOUSES OF LORDS AND COMMONS

IN THE EARNEST HOPE THAT THESE LORDS AND GENTLEMEN WILL REALISE THE URGENT NECESSITY FOR AN IMMEDIATE ALTERATION IN OUR LUNACY LAWS

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FOREWORD

THIS book has been written primarily for the information of the public, to whose earnest efforts at reform the present Lunacy Acts are mainly due. The public is naturally and rightly anxious to guard the liberty of the subject and at the same time to ensure its own safety. In other words, it wishes to prevent the reception and detention, under the Lunacy Administration, of persons who might possibly be better dealt with either at their homes or elsewhere; it seeks to protect the unfortunate invalids who are compelled by circumstances and the nature of their maladies to surrender for the time being their legal and social responsibilities; it desires to make adequate provision for the ventilation of any grievances of patients so unfortunately placed. The public also regards it as its right that it should be adequately protected from misadventure occasioned by persons who are irresponsible; it looks to the medical faculty for guidance as to the advisability or necessity for certification of presumably insane persons, whilst the medical practitioner has to steer a most difficult course between the interests of the patient and relatives.

The outcry for certification of the presumably insane has brought with it legislation, official recognition and labelling as insanity of an illness which in olden times was often termed delirium,

congestion of the brain, etc., etc., and the Board of Control, which is responsible for the due performance of the lunacy enactments, has diligently —perhaps too diligently—persevered in its efforts to register all those who come within the provisions of the Law. That the apparent increase in insanity is in great part merely an increase in the numbers so registered is a surmise which might convey to the public either a sense of comfort or an appreciation of its own personal responsibility in the matter. That the present cataclysm in human affairs has diminished rather than increased the proportion of the registered insane is mainly a matter of administration, and special concessions are made to some, which are denied to others, irrespective of their social or other claims.

The provisions of the Mental Deficiency Act appear to be adequate and satisfactory, and under the efficient administration of the Central Association for the Care of the Mentally Defective a beneficial adjustment between patients and public is gradually being attained. With regard to lunacy administration, however, there is still much to be desired, and it is to the public we have to look for enactments which shall meet its needs. The medical faculty has for long attempted to enforce upon the notice of the public the need for the better protection of the interests of both its invalids and itself by methods short of actual certification of insanity, but so far without avail. In the meantime, certification is enforced by the public through its administrators, and only too frequently its

members are irretrievably injured by reason of the stringency of its own legal enactments.

In order to make the actual state of its own affairs better known to the public, this book has been written by one who has had a long and varied experience in dealing with the insane. The moderation with which the author has treated the various subjects will readily appeal to the thinking public, and it is to be hoped that its object of attaining relief from some of the sufferings inevitably connected with disorders of the mind may be realised. In any case, the public owes its gratitude to Dr Weatherly for what he is endeavouring to do on its behalf.

THEO. B. HYSLOP.

AUTHOR'S PREFACE

SEVERAL causes led me to write this book, which is intended to a large extent for the general public and the general practitioner.

I have never forgotten those words of Sir Frederick Needham, M.D., the senior member of the Board of Control:

"I think the great thing for us to do is to let the public feel the inconvenience of this Act which *they demanded* and which has been passed in obedience to this demand, and as soon as the public have sufficiently felt the inconvenience of the Act, which we always objected to, I think they will demand a public remedy."

This statement, coming from a Commissioner in Lunacy, who, before he became a member of that Board, was for years a superintendent of the well-known registered hospital, Barnwood House, Gloucester, is the strongest possible proof of the urgent need of reform.

These words were spoken twenty-seven years ago. I have so far found no answer!

I have been asked over and over again, by general practitioners and others, to put my experiences and opinions on this wide subject in the form of a book, and at last I have complied with that request.

I feel a diffidence in so doing when I read Sir Edward Clarke's opinion that a writer is only at his best up to the age of thirty-seven.

I fear at that age my knowledge of the world, my experience was too scanty, and I know also that at that time of my life I should not have had the pluck to state my experiences or my opinions so fearlessly.

A Committee of the Medico-Psychological Association is now sitting to bring up a Report as to lunacy reform. I do not suppose it will greatly differ from that most excellent Report of the Status Committee of that body, which was published in the October number of *The Journal of Mental Science*, in 1914, and signed by two men who have done so much good work in urging the necessity for new legislation for the treatment of incipient mental diseases—viz. Dr Bedford Pierce as Chairman, and Dr. R. G. Rows as Hon. Sec.

This Report was sent to the Home Secretary, the President of the Local Government Board, the Board of Control and the Chairman and Clerks of Asylum Boards. Yet no result came of this.

It is clear we must get at the public, and they must agitate till they get these officials to move.

The object of this book is to circulate, as far as is possible, the crying need for some drastic alteration in our Lunacy Laws.

The first chapters are destructive. The last chapter, I hope, will be considered as helpfully constructive. Many matters outside the scope of the great desire to help forward the recovery rate of mental disease, which has, to our shame, stood still for over fifty years, have been touched upon.

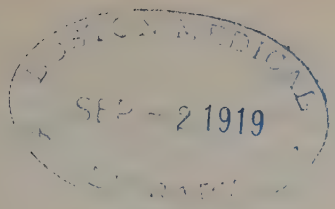
I have to thank the many writers whose opinions and facts I have quoted.

I may have been too bold, too fearlessly outspoken in some of my criticisms.

To any who may feel offended I offer here my earnest apology. To my good friend, Dr Hyslop, that best of all-round psychologists, I tender my heartfelt thanks, not only for many kindly hints, but also for seeing this book through the Press, and writing a Foreword to it.

I owe him a debt of gratitude I can never adequately repay.

WINSLEY HOUSE, BOURNEMOUTH,
February 1918.



CHAPTER I

INTRODUCTORY

WHY is it that mental disease differs from any other ailment man is heir to ?

Mental disease has for years been looked upon as a stigma upon one's family history.

I believe I am right in stating that anyone giving his family history of ailments would far rather confide in a medical man that some near relative had died of a syphilitic gumma in the brain than confess to any member of his family ever having been in an asylum or under private care as a person of unsound mind.

Why is this ?

During the last fifty years medical and surgical science has advanced more than in any fifty years since the world began. Lord Lister, by his wonderful discovery of antiseptic measures, has been the means of saving millions of lives. Abdominal surgery has snatched back from death countless numbers who before this discovery were doomed to certain death. Bacteriology has achieved miracles. Hygiene has banished from our midst diseases which before were decimating our population. But, alas, the recovery rate of mental diseases, as scheduled by the Commissioners in Lunacy, stands *in statu quo*, in spite of palatial buildings and of greatly increased

pathological research. Indeed, one is faced with the fact that so far no adequate attempt has been made to try to find some cause for this lamentable state of affairs. To elucidate the causes is, I fear, a difficult task and has many aspects, while if one speaks as plainly as one would wish to do, a certain amount of offence might be the result; but the experience of many years of intimate association with all kinds of mental ailments in all their stages, and the knowledge of all kinds and modes of treatment allows me to write, with some authority, on a subject which is of the deepest interest, not only to myself, but also, I hope, to many of my readers, and I shall now write boldly without fear or favour.

I propose to deal with this subject as shortly and concisely as possible under the following headings :—

(1) The General Public.

(2) Legislation. (*a*) The Lord Chancellor's Visitors. (*b*) The Masters in Lunacy. (*c*) The Board of Control. (*d*) The Magistrates.

(3) Institutions for the Insane. Public Asylums. Registered Mental Hospitals. Private Licensed Houses.

(4) The Care of the Insane in Private Dwellings.

(5) (*a*) The Medical Officers of Institutions for the Insane. (*b*) The General Practitioner.

(6) Some Remarks on Private Companies running Institutions for the Insane.

(7) Psychologists and Neurologists and their Attitude, Past and Present, with Regard to the Treatment of the Insane in all the Stages of their Disease, particularly in the early stages.

(8) Criminal Responsibility of the Insane.
(9) Testamentary Capacity.
(10) Suggestions as to Reform.
(11) Summary.

In this year's Board of Control Blue Book we find that during the last decade there has been a marked tendency to a decrease in the recovery rate.

The recovery rate calculated upon the total admissions was 33·93, being 0·52 below the percentage for the decade 1906 and 1915 inclusive :

County and Borough Asylums rate was	34 per cent.
Mental Hospitals . . .	49·3 „
Single Care . . .	45·5 „

The decade 1866-1876 was about the same, so it is clear my statement as to " no improvement " is only too true.

When looking at these figures for the first time one at once thinks there must be a mistake, but the Secretary to the Board of Control has written me very kindly, and has fully explained their figures.

He writes : " The total admissions for each of the various classes of institutions were :

County and Borough Asylums . .	18,758
Mental Hospitals . . .	621
Licensed Houses	980
Single Care	77

while the total of all admissions was 21,173.

" You will observe that the County and Borough

Asylums provided such a large proportion of the total admissions that their recovery rate would practically fix the total recovery rate; the higher recovery rate on the comparatively few Hospital admissions would slightly raise it, which accretion it would more than lose from the effect of the lower recovery rate on the more numerous Licensed House admissions. The admissions into single care were so few as to be negligible for any effect they would have on the total figures."

With regard to the higher rate of recovery in mental hospitals, it must not be forgotten that these institutions more or less pick their cases, and object to take in, if it can be avoided, hopeless chronic cases.

CHAPTER II

THE GENERAL PUBLIC

The attitude of the general public with regard to insanity has always been paradoxical.

In the beginning of the last century, when their insane folk were treated almost as wild animals and were exhibited to the public on certain days at a nominal charge, they merely looked on and said nothing. The worst cases were heavily chained, and patients might be seen lying on straw half clothed, and often, as Dr Hollander, in his excellent book, *The First Symptoms of Insanity*, writes, " allowed to wallow in their filth." These awful happenings struck no chord of terror in the public mind. At last, however, humane people agitated for new Lunacy Laws, and these were enacted in 1845. Lunacy Commissioners were appointed to visit the unfortunate sufferers, and better and more humane treatment was the result. The names of Pinel in France, Connolly and Tuke in England and the late Lord Shaftesbury will ever be remembered in connection with the alteration in the treatment and the amelioration of the conditions of the insane in this country.

There can be no doubt that for some years after these laws had been introduced scandals did occur, and then the general public, who before had sat in silence, magnified the evils to such a degree

that owners of licensed houses for the reception of the insane, and even the relatives of patients, were regarded with suspicion and distrust and as being influenced by mercenary or other considerations.

The late Charles Reade, in his well-known book, *Hard Cash*, disclosed these scandals with no uncertain voice, though, for my own part, I feel certain that, at least during my forty-five years' experience, the proprietors of private asylums, with possibly two notable exceptions, have been most humane in their treatment and very careful that no person should be retained under certificates longer than was necessary.

A proprietor of a private asylum can keep his institution full only by maintaining a reputation above proof, and even if actuated by selfish motives, which are able to exist to a certain extent in everyone's mind, he finds it to be more remunerative that his patients should recover as quickly as possible, because he thereby increases his connection and, as a matter of practice, he does not retain any patient a single day longer than is necessary.

Moreover, in my experience I have found that those persons who have cried out the loudest about the necessity for more stringency in the Lunacy Laws have been the very first to complain of the same laws if any one of their relatives has become insane and compelled to go to an asylum. Vehemently have they asked : " Why should my name be made known to a neighbouring magistrate as having an insane relative ? Why should

I be put to the expense of paying fees to two medical men to certify, and why should I have to obtain legal authority before I can place my relative under the special treatment which my own medical man says is immediately necessary ? It is a scandal. It is monstrous that while treatment for any other disease can be obtained forthwith, all this bother has to be gone through before I can attempt to place my relative under suitable or adequate care and treatment ! "

In response to public agitation, the new Lunacy Act was passed in 1892. The early treatment of insanity was, however, more than ever handicapped. The public demanded the Act, but unfortunately those who framed it never sought the aid of those who had worked unceasingly in this branch of medicine and whose experience might have made the Act helpful.

It is extraordinary how little the public really know about insanity and its treatment and how the very Acts of Parliament they agitated for are now used as an excuse for not acting promptly in early cases of mental unsoundness, while they constantly hide symptoms from their own medical men through fear of having to seek the aid of the very Law they themselves have helped to create, and which means to them not only a publicity but also an everlasting stigma.

Of course it cannot, must not be forgotten that many persons of unsound mind do not recognise there is anything amiss with them and resent any interference with their liberty by any form of treatment for a condition they themselves

repudiate, but these cases are, to a very large extent, pretty far advanced in mental unsoundness, and for these legal measures are, I admit, necessary to enable them to be cared for and treated with the object of attempting to get them better or of saving them from themselves.

This, then, is what I mean by the paradoxical attitude of an ignorant public. Before I leave the question of the extraordinary attitude of the public towards mental diseases, I feel it to be only right to give, as an instance of this, the determined stand taken by the public against the notification of venereal diseases, which, so far, no Government has dared to carry into law.

In a long letter to *The Lancet* (3rd November 1917) Dr Archdale Reid discusses fully this matter, and the following sentences of his letter express my own views so entirely that I prefer to quote his own words :

" I am told, I do not know with what measure of truth, that since the war began, from one-third to one-fourth of the British Army have contracted venereal disease. It is certain that at least an enormous proportion of the Colonial forces have suffered and that abroad tens of thousands of men of all ranks are in detention camps. In England to-day if one person kills another wilfully with arsenic he is hanged by the neck ; if he tries to poison another with arsenic and fails he is condemned to a long period of penal servitude, but if he wilfully poisons with venereal disease, even to death, the law holds him guiltless. Even when

the person is a perfectly innocent person (*e.g.* a wife), the law punishes, not for the poisoning but for the infidelity."

Therefore while the laws which have been brought about by public agitation allow no persons of unsound mind to be treated away from their homes (and for payment) without a petition, two medical certificates and a magistrate's order (and if anyone attempts to treat such a person for profit without these legal forms he is liable to criminal prosecution), the person who spreads broadcast throughout the land venereal disease, which may soon decimate the population, is subject to no law forcing him or her to be placed under treatment, unless under military law. Surely this is but another instance of the stupid attitude of a public which " strains at a gnat and swallows a camel."

The pendulum of public opinion has, since the early part of last century, swung a great deal too far in the other direction, to the detriment of the early treatment of mental disease. How this early treatment is handicapped by legislation is well known to the Commissioners in Lunacy, to neurologists, to psychologists and to the general body of the medical profession, but the Government is usually far too busy with ridiculous quibbling and party politics to spare its time to bring in a short, beneficial Bill, and the public are silent.

The old cry of " the stigma " of mental disease still continues. It was born in those days when

our insane folk were treated like animals. It has been enhanced by fresh legislation demanded by an ignorant public, and until this false idea is removed it will be an everlasting obstacle to the early treatment of incipient cases of mental disease, and to improvement in the recovery rate of the insane.

CHAPTER III

LEGISLATION

WHY is mental disease the only ailment that cannot be treated (apart from home treatment, which in 99 per cent. of the cases is the worst possible) without the intervention of the law?

A patient suffering from any other form of disease may be placed in a nursing home, and his or her liberty restricted in accordance with the medical or surgical aspect of the case, without any legal authority being sought for or given. A patient suffering from a notifiable infectious disease may be hurried off to an isolation hospital without any individual judicial order and without visitation except by the medical officer in charge; yet before a patient suffering from any mental disorder, incipient or developed, can be treated away from home, for payment, without the danger of a criminal prosecution being undertaken against those who take charge of such a patient, a petition, two medical certificates and a magistrate's order have to be filled up and signed.

From the moment of certification they have their liberty taken from them, they are subjected to visitations by the Commissioners, and, in the case of all asylums outside the Metropolitan area, by the Magistrates, and, ghastly to relate, they are informed that they are "lunatics." To this

there is one exception—viz. voluntary boarders, who can be received on their own initiative into private asylums and registered mental hospitals, but even these patients are always subject to the chance of a Commissioners' or a Magistrates' order that they be either certified or discharged!

It seems almost idiotic that this clause of the Act was not extended to county and borough public asylums, into most of which private cases are now received, and also to private single care.

Attempts have been made over and over again to alter this fatal omission, but, so far, with no result.

The 1892 Lunacy Act aimed at the gradual extinction of private asylums, which have done and are doing really good work in the treatment of the insane, by allowing no new licence to be granted and no addition made to the then existing number for which they were licensed.

This had the effect of creating a monopoly, and has prevented the asylums which had a growing reputation from increasing their numbers and filled those asylums which, for some reasons, never previously had their full complement of patients.

The 1892 Act also put far more clerical work on the staff of the institutions for the insane by endless forms to be filled up, all bearing the impress of suspicion against those under whose care mental diseases were being treated.

I think I am right in saying that the only two clauses of this Act which were distinctly beneficial were Section 116 and Section 330.

The first of these enabled a receiver to be appointed in practically every case of a certified patient, while the second prevented the unjustifiable prosecution of those medical men who, in good faith and with reasonable care, signed medical certificates of insanity.

With regard to Section 116 I may at once say that rumour was rife at the time this Act was passed, that this section had been inserted for a specific case, and that the framers of the Act had at that time no idea that it would be at once seized upon by lawyers and relatives of patients, as has been the case. Prior to this Act all persons whose capital exceeded £1000, or whose income was over £50 a year, before their affairs could be managed by others, had to be proved to be persons of unsound mind by a public inquiry called "an inquisition."

Such inquiry was held before a Master in Lunacy and a large jury. In most cases counsel appeared on either side, and the account of the inquisition had to be published in at least one paper in the district in which the inquisition took place. Since the passing of this Act one can readily understand that, in consequence of this section being so frequently used, inquisitions are very rare.

The estate of the patient is now managed by a receiver, who virtually becomes committee of the estate, while the petitioner stands as committee of the person.

Those patients who formerly came entirely under the supervision of the Lord Chancellor's

Visitors are now under the supervision of the Board of Control, and so their work is greatly increased. Why some amalgamation of these two bodies has not taken place I know not, but it seems a very stupid arrangement.

The one point about this section that I and many others have always dissented from is the wording on the summons as to the appointment of a receiver which has to be served on the patient.

It seems hardly to be believed that anyone possessing a grain of humanity could have allowed these words to be prominently printed on this summons: "Take notice, you are lawfully detained as a LUNATIC." Now I admit to many I have had to serve with such notice their minds have been so insane that the words have had no meaning and in many cases the paper has been at once torn up, but, alas, in some cases the cruel words have been a terrible shock to the patient, and to my mind I cannot conceive why the Commissioners have not long ago had this wording altered.

With regard to Section 330, protecting medical men from unjustifiable prosecution or claims for heavy damages, I may say this section was only inserted after strong pressure of a committee of medical men appointed by the Psychological Association to watch the passing of this Act, upon which I had the pleasure of serving. If this clause had not been inserted I believe that a large number of medical men would have refused ever again to sign a certificate of insanity. The result

would have been still further delay in placing patients under care in the early stages of the disease and the prospects of recovery would have been still further handicapped.

In the minds of almost everyone who has to treat cases of mental disease the feeling is very strong that this Lunacy Act ought to be amended. The Commissioners know this better than anyone else, and why they have not agitated for this improvement passes the comprehension of many of us :

"Public opinion, both in medical and lay circles, is unanimous that the provision for the treatment of incipient insanity in England is inadequate and that treatment even by the most trustworthy and gifted medical men is hindered by legal obstacles."—From *The First Signs of Insanity.* By BERNARD HOLLANDER, M.D.

"In Scotland a patient can be treated with a view to cure anywhere out of an asylum for twelve months without formal certificates, if a medical opinion to that effect and intimation is sent to the Commissioners in Lunacy."—Sir THOMAS CLOUSTON, M.D.

I believe a proposed new Act with some provision of this sort has been lying in the office of the Commissioners in Lunacy for two years, but nothing has been done. Surely the passing of such a humane and much-needed Act would meet with no opposition in either House. I shall have more to say on this point when dealing with the general attitude of the Commissioners in Lunacy.

Sir George Savage, in Allbutt's *System of Medicine*, vol. viii., p. 429, writes:

"The lunacy legislation of this country, despite the Acts 1890 and 1891, remains in an unsettled state, and the care and treatment of the insane are burdened with vexatious and unnecessary restrictions. Not only are the steps required for the placing of a person of unsound mind under legal care complicated and clumsy, but they result in many cases in a delay of that early treatment which is so important in cases of mental disease."

Weighty words are these, and not lightly to be forgotten or overlooked, and yet, as I shall presently point out, those in authority, bound with the fetters of deplorable red tape, move not, neither do they in any way encourage those who are doing their best to remedy this crying evil.

With regard to the clause dealing with mechanical restraint, I should like to point out that no asylum in England can do without some form of restraint in certain cases.

Restraint may be mechanical, medicinal or manual.

The only one of these that has to be entered is that of mechanical, and yet it is, if properly used, by far the least dangerous or harmful. Take an actively suicidal case. Drugging has to be carried to a very excessive extent before the patient can be deemed fairly safe. Manual restraint means a continuous fight and struggle, and there is nothing I have hated and dreaded more than the

sight of two or three attendants or nurses struggling with a patient who is actively bent on suicide. Yet the application of a simple long-sleeved jacket carefully adjusted renders the patient safe to be left with one watching nurse. Sir George Savage wrote with me an article on this subject many years ago in *The Medical Annual.*

Whenever I see in the reports of the Commissioners the statement, "We are glad to see that there is no record of mechanical restraint," I often wonder what substitute has been used. The padded room is, and always has been, to my mind, an abomination, and for the twenty-two years I was resident superintendent of an asylum I never had such a room.

In the Wonford House (Registered Hospital) Report of 1891 Dr Deas, the superintendent, makes the following very strong remarks, and I cannot do better than fully quote them :—

"Restraint of some kind is the basis on which all treatment of the insane, whether legal or medical, is based; and the enlightened modern treatment of the insane does not lie so much in the abolition of restraint as in the carrying out of the various kinds of restraint under constant and humane supervision.

"'Manual restraint,' 'the restraint of drugs,' or what has been called chemical restraint; the restraint of discipline and restriction need as much care and discretion in their use, and are as liable to be abused, as 'mechanical restraint.'

"A physician having the responsible care of the insane ought to be as free to employ 'mechanical restraint' when he deems it the best treatment in a particular case as he is to use drugs or any other recognised mode of treatment.

"The special advantage of confining the hands by mechanical means in certain cases is that the restraint is continuous while in use; it is always vigilant, it does not lose its temper, and it avoids the risks attendant on manual restraint. For myself, I do not hesitate to say that there are cases in which 'mechanical restraint' is not only the best and most humane treatment, but in which there is grave responsibility attaching to the man who refuses to use it. I have never regretted the use of 'mechanical restraint' when, after full consideration, it has been resorted to, but there have been in the course of my experience cases in which afterwards I regretted that I had *not* used it."

These words so fully bear out my contention and my practical experience that I need not apologise for so fully quoting them.

In November, 1890, Dr Percy Smith read a paper at the meeting of the Medico-Psychological Association on the defects of the Lunacy Acts, and considerable discussion took place.

Dr Hack Tuke declared that the great evil of the Act was that it was red tapism from the beginning to the end.

Dr Needham (now Sir Frederick Needham), who was then, as he is now, one of the Board of

Control, informed the meeting: "We said all we could against the various clauses of the Act before it was passed and objected to it in every possible way. All our remonstrances were perfectly unavailing and the Act became law. I think the great thing to do is to let the public feel the inconvenience of the Act which they demanded and which has been passed in obedience to their demand, and as soon as the public have sufficiently felt the inconvenience of this Act I think they will demand a public remedy."

Twenty-seven years have passed since those words were uttered and nothing has been done.

Who drafted this obnoxious Act? Why did not those who had it in hand call to their aid men of experience, men who had devoted the best part of their lives to the treatment of mental disease? It is a public scandal that Acts of Parliament can be drafted by those of no practical experience with the subject dealt with.

We have had a glaring instance of this in the National Insurance Act. I am the greatest admirer of Mr Lloyd George, but he made a fatal mistake in not calling to his aid men who had worked large club practices in different parts of England and Wales before he finally drafted that Act. Personally I fear that until the Lord Chancellor, the Home Secretary, the Prime Minister and the Chancellor of the Exchequer find themselves worried to death with near insane relations, and have to realise the vexatious state of the present Lunacy Laws from their own individual experience, we shall get no right Act passed.

To tinker with the present Act is no use. It should be burnt on the rubbish fire of pernicious Acts. The asylum registers and books and other such matters demanded by this Act have been now temporarily suspended by order of the Board of Control, owing to the depletion of the medical staffs of asylums by the war. The matters that may be omitted occupy a page and a half of their last report, and clearly show what a useless excess of work has for years been placed upon the staffs of asylums by this pernicious Act, to the loss of most valuable time which might have been spent in clinical work in the wards and the getting into touch with the actual causation of many cases of early insanity.

The Mental Deficiency Act of 1914 includes far more than the Idiots Act of 1886, so that, in addition to dealing with idiots and imbeciles, it includes the congenitally feeble-minded and moral defectives.

It is too long an Act to go into in this short book, but its scope has been materially curtailed by the war, and the restrictions thereby imposed by the Treasury on all building operations.

The number of certified institutions for the purpose of this Act are now thirty-nine, with accommodation for 5837 patients. These include the six institutions for idiots and imbeciles before the new Act came into operation.

With regard to the mental defectives, I shall have something more to say in my chapter on Criminal Responsibility.

In the last report of the Board of Control

a scandal in our workhouses is emphasised and should be at once altered.

A large number of imbecile, feeble-minded young women of child-bearing age and unmarried are found temporarily residing in workhouses with their illegitimate children. They come and they go; they are a serious burden and danger to the community. In twelve workhouses forty-two mentally defective women were noted as cases in urgent need of control. Twenty-three of these women had had between them at least fifty-one children. It was hoped that the framing of the Mental Deficiency Act would enable such cases to be dealt with and detained. Little has been done, and the Board of Control seem powerless.

Who is to blame for this scandal I do not know, but it again proves how badly the powers that be deal with these social problems with regard to the insane and feeble-minded.

What a grand chance for real good work for the new lady Commissioner!

To carry out the Lunacy Act we have:

(*a*) The Lord Chancellor's Visitors.

(*b*) The Masters in Lunacy.

(*c*) The Commissioners in Lunacy, now called the Board of Control.

(*d*) The Magistrates or a Stipendiary.

In dealing in detail with these bodies, let us for one moment think of the extraordinary times in which we are now living.

Those in high official positions have the searchlight of public opinion thrown upon them.

Words are not minced and faults are shown up without fear, without favour.

Persons in high positions are found wanting and are dismissed, although to the lasting shame of our Government some of these incompetents, and worse than that, are given still better appointments.

We will grant that officials, bound as they are with wretched red tape, are placed in a difficult position, and their sphere of usefulness is often stultified by the limitations to their power.

I maintain that far beyond the simple carrying out of an Act which has been heartily condemned by those who spend their lives in the treatment and care of the insane, they should exercise more initiative, and be given more power to remedy glaring defects which their experience must teach them are harmful to those who unfortunately suffer from mental disease.

(*a*) The Lord Chancellor's Visitors

These gentlemen of the medical and legal profession have as their sole duty the looking after the welfare of those persons who have been found of unsound mind by inquisition, which is a public inquiry with a Master in Lunacy as president, and, if the patient demands it, a jury of twenty-four men.

A verdict of at least twelve must be given before the patient can be declared to be of unsound mind. Unanimity is not requisite. Should the patient not demand a jury, then the presiding Master has the power to make the order.

The majority of these patients are persons of means, and can therefore be placed in the most advantageous environment and treatment, while, as they have been found of unsound mind by a jury or a Master in Lunacy, there can be no question as to their insanity.

I have known many of the gentlemen who have from time to time constituted this body. Their visits have always been a pleasure to look forward to. They encourage and they help you in any difficult matter in relation to the management of the patient, and you never feel at their visit that suspicion even enters their minds.

I regret that their work and scope is lessening, owing to the large number of cases who avail themselves of Section 116 of the Lunacy Act, and I wish, as many others do, that all these patients came under the supervision of the Lord Chancellor's Visitors.

(*b*) The Masters in Lunacy

These must be barristers of not less than ten years' standing, and the appointment is in the hands of the Lord Chancellor.

The powers of the Masters are joint and several, and they shall execute commissions and conduct inquiries connected with persons of unsound mind and their estates, and perform all other duties committed to them, either separately or together, and at such places and in such a manner as the rules in lunacy direct.

They may administer any oath and take any

affidavit and may summon any person to give evidence before them. It can therefore be seen that their powers are considerable.

With regard to the estate of the person of unsound mind, whether found so by inquisition or in cases where a Receiver has been appointed under Section 116 of the Lunacy Act, they have to draw up the schedule which embodies how the income is to be applied, and they have to see that the Acts are properly kept and that the income is applied as ordered by them. There have been many Masters during my many years' experience, and they have varied very greatly in their manner of carrying out the duties devolved upon them.

One well-known Master some years ago certainly did not add lustre to the position in which he was placed. I well remember his presiding at an inquiry at which I had to give evidence, as the patient was under my care at that time. He was a clergyman, quite insane, though able at times to talk quite rationally, but the chief symptom which made it necessary that he should be carefully supervised was a definite homicidal feeling towards his unfortunate wife.

The worthy Master was obsessed with a certain "religious bias." Anything appertaining to High Church was like a red rag to a bull to him.

Evidence that this patient had shaved his head, had walked about clothed as a monk and preached in the public streets was at once put on record as an evidence of his insanity, while when the evidence was given that he had quickly

changed his religious views and had marched with the Salvation Army, beating a tambourine, this learned Master expressed his opinion that he saw nothing in this as evidence of unsound mind. Finally the proceedings closed and he gave his verdict, which was that this patient, although still of unsound mind, should be allowed to take a lodging in any place he liked, and should be allowed a certain weekly sum of money so LONG AS HE WAS OF GOOD BEHAVIOUR.

I at once pointed out that probably the first evidence of bad behaviour would be the murder of his wife, and protested on her behalf against this absurd ruling. The wife appealed against this verdict and was successful in upsetting it.

Not long after this the same Master kept an inquisition—on an old lady who had got into the hands of a man who was fleecing her—open for so long that when finally he arrived at the conclusion that she was of unsound mind—a decision which any ordinary person could have decided in a few hours—it was found that nearly all her money had vanished.

I knew the counsel in this case well. He afterwards became a judge of the High Court and I heard many details from him.

Needless to say, this Master was called upon to resign his position, but with high influence at work he exchanged his salary of £2000 a year for one of £10,000 in the Government of India!

Not long ago I had reason to look into the affairs of a person of unsound mind who was, in my opinion, curtailed to her detriment and her

happiness by the smallness of her income, and I was surprised to find that she was paying a much higher income-tax than she should have done. I pointed this out to the Receiver, and I heard soon afterwards that a sum equal to about £58 had been saved by proper adjustment of this tax. How this had escaped the notice of the Master dealing with her estate I know not.

In some cases a patient is received under certificates and order, and arrangements made in accordance with the patient's means as to payment. Later on a Receiver is appointed, and although the estate could easily bear the terms agreed upon and leave a considerable balance to the good, the Master having such a patient's affairs in hand has cut down the terms very considerably, although the accommodation and the nursing required has in no way been altered.

In other cases which I have known, a patient with a few years to live, and with no one dependent upon her, and whose income did not enable her to have the comforts that were thought only reasonable, asked that she might have a little of her capital spent upon her during the few remaining years of her life, but this was refused, for reasons I have not been able to ascertain.

No doubt the Masters have a very difficult duty to perform, and their work has been greatly increased since the last Lunacy Act, by reason, as before explained, of so many cases having now a Receiver appointed to manage their affairs, under the supervision of the Masters in Lunacy. If the work is getting too much for them, then

it is clear to my mind that their numbers should be increased.

My earliest recollection of a Master in Lunacy was the late Mr Samuel Warren, author of *The Diary of a Late Physician* and *Ten Thousand a Year.*

My father, who was a medical man, had under his care for some forty years as a single patient a gentleman who was, in all my experience, one of the most wonderful men I have ever known, in spite of his insane eccentricities. He could speak French, Italian and Spanish, and could read Latin, Greek and Hebrew as easily as he could his own language. He was a life-long friend of Mr Gladstone, with whom he was at Christchurch; he was at Charterhouse with Thackeray, and had travelled with Sir Walter Scott through Italy. He was a great friend of Martin Tupper, who often visited our home. I can see Mr Samuel Warren now, with his peg-top trousers of shepherd's plaid, his high buttoned coat, and his sporting collar and tie.

He visited my father's patient on more than one occasion. Why, I have never been able to understand, and presume he must for a time have done duty as a Commissioner. He was a most irritable gentleman, and very interfering, and I well remember a wordy warfare in our hall between my late father and this Master.

No patient could have been happier in his surroundings and no one more kindly treated, but his symptoms at times rendered supervision essentially necessary. I forget what Mr S. Warren

wanted my father to do, but I know he resented his suggestions with a good deal of scorn, and the last words of my father to him were advice to allow him to deal with his patient as his long experience had shown was right, and that he, the Master, might be better occupied in looking into the conduct of a certain asylum in the neighbourhood which, to his own knowledge, was far from what it should be.

These words had some effect, for while no more interference was made in my father's treatment of this patient, the said asylum shortly afterwards closed its doors and, I believe, under different management, was removed elsewhere.

(*c*) The Commissioners in Lunacy, now known as the Board of Control

"The truest courage lies
Not in unseeing eyes,
Owning no danger, blindly rushing on:
But in the eye that sees
To grasp the golden keys
Of power and circumstance, and make them one."

I have during my forty-three years of work in mental medicine known a great many Commissioners in Lunacy both before and after their appointment, and also in their official capacity, or merely as friends who could talk quite candidly with me, forgetting that I on one side was a private asylum proprietor and that they were official supervisors of my conduct as such.

With the exception of the chairman, who is an honorary member of the Board, and others

in the same position, the Board, or rather the Commissioners in Lunacy, prior to 1912 consisted of three medical and three legal Commissioners and a secretary.

In 1911 this number was increased by two, one medical and one legal. Since the Mental Deficiency Act came into operation the "Board of Control," as they are now called, consists of five medical Commissioners, four legal Commissioners, one lady Commissioner (whose qualifications for the post are still a mystery), and three medical Inspectors, and, of course, a secretary.

As to how these appointments are made, I do not think anyone really knows. The Lord Chancellor, I presume, appoints them, but no doubt in consultation with the Board of Control as to their wishes.

During the many years I was an active member of the Medico-Psychological Association, being on the Council many times and being on many committees, I can truthfully say that when a vacancy on the medical side of the Commissioners has arisen, in no one single case has the medical man who had been fixed upon by our association as the most worthy for that position been appointed, and on one or two occasions serious regrets have been made and very pointed remarks been spoken at dinners and meetings against one or two of these appointments. I well remember one such appointment of a medical superintendent of a county asylum. During all the years I had attended the meetings of the Medico-Psychological

Association he had, if my recollection serves me true, never served on the Council, never read a paper, and never entered into the interesting discussions which took place every month.

It was a clear case of " kissing goes by favour."

There can be no doubt the Board of Control has many difficulties to face. It has as its duty to carry out the last Lunacy Act, which I am quite certain the individual members seriously deprecate. Nevertheless I maintain they could do far more than they at present do, while they could leave undone many things I regret to say they are guilty of.

The legal Commissioners have, I think, always been favourites with those who spend their lives in the care and treatment of the insane, though we had at one time a legal gentleman who for a time made himself foolishly obnoxious.

Before death removed him from his post he had altered very much, and I look back with great pleasure to the conversation we had as to the ways and methods of the Lunacy Commissioners. It was an illuminating talk.

One appointment is always welcomed, and that is when the secretary to the Board obtains his well-deserved promotion.

Prosecutions by the Board of Control

There are many misdemeanours which may lead to prosecution, but the principal one I wish to deal with is that coming under Section 315 of the Lunacy Act.

It reads as follows :—

" Every person who except under the provisions of this Act receives or detains a lunatic in an institution for lunatics, or for payment takes charge of, receives to board and lodge or detains a lunatic or alleged lunatic in an unlicensed house shall be guilty of a misdemeanour and in the latter case shall also be liable to a penalty not exceeding £50."

The case of R. *v.* Bishop, 1880, proves that even the honest belief that the patient received was not insane is according to the strict letter of the law no defence at all to a prosecution under the Lunacy Acts.

We must grant that the members of the Board of Control, formerly called Commissioners in Lunacy, have a very difficult task to perform. They have to carry out an Act with which they have never been in agreement—an Act which they tried their utmost to get altered; but I still think they have enough influence in high places, and that if they resolutely refused to be parties to carrying out those portions of an obnoxious Act to which they object, if they wrote more boldly in their annual reports, and if such reports were more widely circulated among the general public, that some alteration long ere this would have ensued.

We know they are very much in favour of notification of early cases of mental disease as opposed to certification; and yet I hear of a new lady Commissioner who does not hesitate

to advance her opinion to all and sundry with whom she comes in contact, and even to those who have for some years been devoting their lives to trying to get these early cases well without certification, and who have in numbers of cases succeeded, of the great danger they are running in treating "borderland cases," and that the Board mean to deal *very stringently with anyone contravening the Lunacy Laws.*

What does this good lady think or advise as to what should become of this numerous class? If she has had any experience, she must realise that the relatives won't have them certified, even if doctors were found to certify them as of unsound mind; she must know that their homes are in 99 per cent. the worst places for them; then what in heaven's name is to be done with them?

It is the same thing with regard to voluntary boarders who by the Act are allowed to place themselves under care and treatment in mental hospitals and private asylums. Should the Commissioners consider that such a case ought to be certified, their stereotyped entry in the Visitors' book is to the effect that Mr So-and-so or Mrs or Miss So-and-so must either be certified or *discharged.*

Now supposing that neither the parents nor the nearest relations will agree to certification—as occurs in many cases—what is to become of the patient?

To be at home is the worst thing, while to go under anybody else's care would render liable

to prosecution the person who receives them. It is altogether an impossible situation. But the Board of Control has to carry out the Act however they disagree with it, and hence from time to time we read in the Blue books of a crop of prosecutions which in some cases look more like persecutions, with small nominal fines as punishments for trying to do kindly acts and get some unfortunate patients well without the unnecessary medical certificates and magistrate's order.

I have been behind the scenes in some of these prosecutions advising as to best defence. I have had the pleasure of seeing some humane and common-sensed magistrates dismiss such charges, but I have also known much harm done to medical men by these prosecutions which were never really justified.

I well remember many years ago a dear friend of mine, a medical man, who had a certified lady patient under his care. She was most kindly cared for, as I well knew. Another case was offered him, and after my advice had been sought the lady was received. She was a borderland case; she came of her own free will, and no one could possibly have certified her. She suddenly got worse and had to be sent to an asylum. The medical man never attempted to conceal that she had been under his care, but simply stated the facts that she was uncertifiable, until she suddenly became worse, when he took the necessary steps and she was sent to an asylum.

I was, unfortunately, abroad at the time, but on my return I heard to my horror that this poor

fellow had been prosecuted, had had to spend some hours with burglars, thieves and other criminals waiting his turn to enter the criminal dock. He was advised to plead guilty, which I should never have let him do, and was there and then heavily fined and mulcted in all the costs.

Not long ago a medical man in this district came to me late one evening to ask what he should do. It appears he had had under his care for some long time an old gentleman not certified. He was merely rather eccentric. He walked about by himself and was much beloved by all and sundry with whom he came in contact. Latterly he had not been so well, and the doctor had asked the relatives for an increase in terms so that he might have an attendant or gentleman companion to go out with him. As they said they could not afford this, the relatives placed him in a nursing home and asked the doctor to kindly attend him. He soon got much worse, and the doctor advised his immediate removal to an asylum, and actually signed one of the certificates, and it was placed on record that he had formerly been under his care.

The Commissioners had had a summons served on him to appear before the next magisterial court. What should he do ?

I will admit I was indignant, and advised him strongly to fight the case out and call as witnesses those who had known the patient while under his care, and who could testify that they had never seen anything to warrant the poor old gentleman being considered as of unsound mind.

It was a great pleasure to me when I saw in the evening paper that the case had been dismissed. It ought never to have been brought into court.

A few years ago I had to see a lady in one of the well-known west country seaside towns with the idea of deciding whether she ought to be certified. Both I and the doctor in attendance came to the conclusion, after careful examination, that we could not certify her.

She was shortly after this removed to a well-known home for borderland cases near London—a home to which, I believe, Sir George Savage sent many cases.

It appears she gradually got worse there and it became necessary to have her certified and sent to an asylum.

The Commissioners instituted a prosecution, but before proceeding they asked the advice of the Director of Public Prosecutions, Sir Charles Mathews. I was asked to make a report, and finally was asked to attend at the offices of the said Public Prosecutor to give my evidence. I did so, and went carefully into all my knowledge of the case up to the time she was sent to this home near London.

I also proved that at that time no one could have certified her. Luckily there were letters of hers written at this very time proving all I said. Finally, when asked the question, "Why were you asked to visit this patient?" and my answer had been given, "To see if I could certify her," and my decision that her case was

uncertifiable at that time had been made, it was at once decided that that office would not take up the prosecution, and the matter fell to the ground.

That the Board should prosecute to the fullest extent all cases where it can be proved that these borderland cases have been badly treated is admitted and applauded, and we are only sorry to see the very small punishment that is often meted out to the guilty parties.

The prosecution of nurses and attendants for cruelty or even rough treatment of patients is a right and proper thing for the Board to do, and personally I have often been surprised that small fines have been thought sufficient for these cases. Surely many of those charged should have been sent to prison.

Since commencing this chapter it has come to my ears that this worthy lady Commissioner who, however capable she may be, has only had experience in cases of the feeble-minded and moral defectives is doing a great deal of the work of an ordinary medical or legal Commissioner, and to say the least of it, contentment with her visitations is in the majority of the cases she visits conspicuous by its absence.

I am a great believer in the good old saying: "A cobbler should stick to his last." He may be able to make a fairly decent pair of shoes, but he would make a rotten pair of trousers.

Surely there must be plenty of work for this worthy lady in the department connected with the Mental Deficiency Act, and it would be a

comfort to many if she was relegated to the work she is fitted for.

There is another curious point about the prosecutions under Section 315 which I should like to mention.

There is a certain amount of freemasonry among those who devote their lives to the cure and treatment of the insane and whispers and rumours go the rounds.

We know that the Board of Control have still in their offices a proposed new Act in which notification instead of certification in incipient cases can be made, as in the Scotch Lunacy Act.

A whisper circulates to the effect that the Board of Control are acting in the spirit of this proposed Act, and that prosecutions will be carefully looked into before proceedings are taken; and we rejoice.

Then recently a warning signal has been given: "Take shelter, be careful, the Board of Control are on the war-path with regard to Section 315."

If this is so, we shall not know what has been done till next summer, when their Blue book is published, but one can hardly think that the attitude of one lady, however capable, has had the effect of suddenly changing the more reasonable and humane instincts of the Board of Control.

It is in reality a strange time to restart this unreasonable campaign.

There are certain entries to be made by medical superintendents of asylums; there are certain books to be kept by them and their staff. The omission to do these things is, by the Act, a

misdemeanour, and prosecution can follow; yet the Board of Control have taken upon themselves without any new Act to delete these entries and the keeping of these books from the duties of medical superintendents. I quite agree with their wisdom in doing this, and yet why should they cut out one class of misdemeanours and retain another?

Then, again, it is laid down that public and private asylums and mental hospitals should be visited by two Commissioners, one legal and one medical. This has been altered by the Board of Control under existing circumstances, and *one* need only now visit these institutions. This is an economy of labour which is to be commended, but it is in distinct violation of an Act of Parliament which the members of the Board are constantly telling us they have to see is strictly carried out.

It is altogether a very anomalous position and makes one think.

The chief faults of the members of the Board of Control must be divided into faults of omission and commission.

Both these faults are greatly increased by that wretched red tape with which every Commissioner seems to be bound hand and foot the moment he has placed his foot inside those present meagre offices at 66 Victoria Street, Westminster.

I have always wondered that such an important Government department should have been content to be stuck away in such a place. Surely if the Government can take huge hotels for the

offices of staffs whose efforts have often resulted in failure, they might give to such an important and permanent Board offices a little more worthy of the work and responsibility they undertake.

I think I am right in saying that particularly among the medical Commissioners, and more especially among those who before their appointments were superintendents of asylums, a far too official attitude is adopted by them, and the word SUSPICION is too visibly marked on their mentality. This is passing strange, particularly in men whose record as asylum superintendents has not always been above reproach, as the old Blue books can tell us.

Then, here again I have especially to include the medical part of the Board who have been superintendents of asylums, there is to my mind a wrong attitude taken up by their constant statements: "We are Commissioners in Lunacy"; "You are a lunatic duly certified."

To give an instance of this, I may state a sad case that might have had a serious relapse owing to this very attitude on the part of a medical Commissioner.

A major in an Indian regiment who had six months' sick leave suddenly became very depressed and suicidal. I was called in to see him, and decided that he must be certified and placed under legal care. The relatives wished me to take him into my asylum at Bath, which I did, but as I felt he might soon be better, I kept him away from the other patients, and he lived with us as one of our family.

He made rapid improvement, and I felt justified, as he was about to go before a Medical Board in London, to discharge him as recovered, but as he wished to remain on with me, he wrote me a letter to that effect, and I duly got a magistrate's order to receive him as a voluntary boarder. All this time I can safely say he had no idea he had ever been certified or that he was in an asylum.

The day before he was to go up to the Medical Board—and, by the by, in the meantime he had been promoted Colonel—the Commissioners paid my asylum a visit. The medical Commissioner saw my soldier patient and the following conversation took place:—

"I am a Commissioner in Lunacy and want to ask you a few questions. Do you know where you are and under what conditions you came here?"

The colonel answered: "Yes; I was very run down and Dr Weatherly kindly took me for rest and treatment into his house."

"I beg to differ with you," said this Commissioner. "Nothing of the sort. You have been a certified lunatic and in an asylum, and you are now a voluntary boarder in the same asylum."

I was absolutely flabbergasted when he repeated this conversation to me and showed me plainly that it had upset him very much. Luckily I was able to get him to forget it and explained all to him. He went to London, passed the Medical Board, who were quite unaware that he had ever been certified, went out to India in command of his regiment, and is now a distinguished general.

As may be supposed, his relatives were indignant, and if it had not been for making his illness public, they were on the point of bringing the whole matter before the Lord Chancellor.

Those who have the care and treatment of the insane do all in their power, in the majority of cases, to prevent the patients realising their position, and it is hard luck to have all their care to avoid this worry to their patients by the injudicious officialism of a medical man who ought to know better, in one moment thrown to the winds.

Another sin of commission is the constant minor complaints that are put in the Visitors' book and see the light when republished in the annual Blue books:

"We think a new set of billiard balls are required." "We have drawn attention to a sofa that wants recovering" (probably the said sofa is better than any in their own homes). "The carpets in some of the rooms should be replaced by new ones" (probably a spring cleaning is all that is required, etc., etc.).

The most glaring instance of captious criticism by the Commissioners that ever came under my observation happened many years ago. A lady, the widow of a medical proprietor of a small private asylum, came one day with tears in her eyes to ask my advice as to what she should do. She was unable to make her asylum pay, and was doing her best to get rid of it. It was a particularly foggy November. The Commissioners had visited her asylum the day before in the

early part of the dark afternoon. They had made a very bad report as to the state of the asylum, and had warned her that unless she immediately did it up from end to end they would have to oppose the renewal of her licence in the following April.

To carry out this wholesale order meant ruin, as she would have had to borrow the money, and probably the prospective purchaser would have given her no more.

I promised I would run up the next day and see for myself and advise.

I did this. After a careful inspection I suggested that she should repaper two of the sitting-rooms and should spend a few pounds on paint.

Altogether I think the total cost of my suggestions came to under £15, whereas at the lowest estimate the order of the Commissioners would have run into some hundreds.

Early in the next April the Commissioners paid a visit. It was a lovely sunny April morning. They were very pleased with the institution and made a good report in the Visitors' book, congratulating the poor widow on the expenditure of money she had luckily never spent.

Another fault of omission and commission comes to my mind.

In 1885 I bought a large private asylum which a very old gentleman had let go almost to ruin. It was a beautiful house with very fine grounds and views.

I at once spent no end of borrowed money to

improve the place. The lighting of this huge house had been done by oil-lamps and candles. I at once put in gas all over the place at a great cost. I had all the rooms done up, and brought with me no end of furniture to make the place more comfortable and up-to-date. A new drainage scheme was carried out, a new roof put on part of the building and a new carriage drive made. Roughly, I spent thousands of pounds on improvements, but I got little credit in the reports of the Commissioners, though the Visiting magistrates were more kind to me. There was a huge entrance hall, or rather courtyard, in the Hanoverian style, and the superficial ground area of this was 88 square yards. One could easily drive a big furniture van with four horses into it.

I had done what I could to improve this cold-looking entrance when the late Dr Cleaton, the then senior member of the Commissioners, suggested in the most kindly way that I should do something more to this hall. I at once promised him I would see to it, and the very next day called to my aid a well-known architect and builder.

With the expenditure of about £500 a very handsome entrance hall was the result, and is now one of the features of the house.

I looked forward to the next visit of the Commissioners with some satisfaction.

What was the result ? Not one word was said. No notice was taken of this improvement, and when I read their report after their departure,

I read these words : " The house is in good order, but we think Dr Weatherly should get a new sofa for the first gentlemen's sitting-room ! "

My temper was roused, and my language could only have been cut with a knife. I was disheartened and disgusted. I afterwards drew Dr Cleaton's attention to this unjustifiable omission of praise where praise was earned, but he said he was very sorry but it was a general rule of their Board to be most careful in their reports of calling any special attention to improvements, while they felt it their duty to make complaints.

A curious attitude to take up, and I spoke my mind very freely.

Generally the reports in the Visitors' books are altogether too stereotyped, and one can quickly see little encouragement is given to those who try their best to make their patients comfortable and happy.

A good story is told with regard to their suspicious attitude towards those who have the care of the insane which is too good to leave out.

Some few years ago there was a Lord Chancellor's Visitor, an exceedingly nice gentleman, but eccentric to a degree. He would come at all sorts of hours to pay his visit ; come in maybe by the back door and go out by the garden door. Well, one day the Commissioners were visiting a private asylum where they suspected more patients were taken than the house was licensed for.

They made a most careful examination of every room, and had the name of the occupant

given them, and even went so far as to prove the truth of these statements.

They found there was apparently no truth in their suspicions, when, just as they were leaving, they saw a weird figure dart down the back staircase and fly hastily out of the back door.

They rushed after him, convinced that at last they had their suspicions confirmed, but his legs were longer and faster than theirs and he vanished.

They returned into the house and cross-examined the proprietor as to who that extraordinary gentleman whom they had not seen when going round was.

The proprietor went to find out, and came back with the news that the gentleman they thought was a patient whom they had been kept from seeing was one of the Lord Chancellor's Visitors. The matter was still further solved by the return of the supposed patient, who bowed to the Commissioners and said: "Gentlemen, I am one of the Lord Chancellor's Visitors, and at your service!"

Some years ago a very old friend of mine, a superintendent of one of the large borough asylums, told me a good story of the rather careless complaints of the Commissioners, and, if my memory serves me correctly, the gentleman who wrote the report in the Visitors' book was the medical Commissioner. Suffice it, what happened was as follows:—

My friend was ill in bed when the visit was paid and the senior assistant medical officer went round with the Commissioners. All seemed,

as far as he could see, to be satisfactory. What was his surprise on reading the report after they had left to find that they complained of the absence of hair-brushes, combs and tooth-brushes in the dormitories on the female side.

The chief only smiled when he read the report, and the next day it was read at the committee meeting, and naturally the medical superintendent was asked for his explanation.

His answer was this: "If the Commissioners had looked in the lockers by each patient's bed they would have found that each one had her own brush and comb and tooth-brush, the few they saw on the washstands should not have been there at all."

This answer was duly sent to the Commissioners, but no reply was made, though doubtless the writer of the report was nicely quizzed.

For some years now the Commissioners' Blue books have been very full of admiration for the great increase of pathological research. Grants have been given for these post-mortem studies and experiments, and yet so far no result has been forthcoming in the recovery rate of mental diseases. It may be we are on the very brink of some startling remedy for all classes of mental ailments. Let us hope it may be so. I well remember some years ago listening to a learned paper by two pathologists as to the definite diagnosis of general paralysis of the insane at a certain stage of that disease by microscopic examination.

I ventured to remark that I thought any medical man of any knowledge of mental diseases

ought to have been able to diagnose such cases long before the period at which this microscopic examination was to be made.

Personally I feel very strongly indeed that the pendulum of scientific research has swung too much towards the post-mortem table when it ought to be swinging a great deal more to the clinical and individual study of the living patient.

It is this want of careful clinical investigation into each individual case (which, I admit, is difficult in huge asylums, with so much other work for the medical staff to do) that is to a very large extent handicapping the recovery rate, and I should like to see the Board of Control earnestly urge that more of this good work is carried out.

I shall have much more to say on this matter, with cases to exemplify my point, in my chapter on Asylums.

Before I close this part of the chapter I want to say that in spite of many faults I am satisfied that the Board of Control as a whole are actuated by the very best of motives, and it is not their fault that they have to administer a silly pernicious Act drafted God only knows by whom, but certainly not by anyone who had any practical experience with the care and treatment of the insane and the difficulties under which those who devote their lives to this work have to act.

They are as a body handicapped by that wretched red tape which is becoming a positive curse in all official departments, and has been the means, I feel sure, of the prolongation of this awful war.

They also have far too much to do, if they really do their duty. Fancy at this present time, when the Board is largely increased, there are only fourteen paid Commissioners and inspectors to look after 137,188 persons of unsound mind, to which must be added some 5000 feeble-minded, and these numbers would be largely increased if the Treasury allowed the Board to provide the accommodation in accordance with the Mental Deficiency Act.

The large proportion of these have to be visited twice a year, and the asylums in the Metropolitan area six times a year.

Work these figures out, add to this all the correspondence they have to go over, the interviews they have to give to relatives and others, and it is clear they have a really impossible task to properly perform.

I have always maintained this Board should be decentralised and county inspectors appointed to do a great amount of the visiting.

That this will come to pass is as certain to my mind as that God made apples.

(*d*) The Magistrates or a Stipendiary

The provincial magistrates had the right, prior to 1890, to grant licences to houses for the reception of the insane, subject to reference to the Commissioners in Lunacy, who always went very carefully into the plans of the house to be licensed.

Since this Act, as no new licences can be granted and no increase in the present inmates of any

private asylum can be made, this power is no longer in existence. They have to appoint among their number those who have power under the 1890 Act to sign orders for the reception of persons of unsound mind into a private asylum, a mental hospital, the paying patients' part of any county or borough asylum or into single care.

They have also to appoint Visitors for the asylums in their county, who have to visit such asylums four times a year, and who have to appoint a medical Visitor as a paid official to go round with them or by himself.

Copies of the entries in the Visitors' book of each such institution have to be sent to the Clerk to the Visitors and to the Board of Control. My experience has always been, as regards Visiting Magistrates, confined to the county of Somerset, and if every other county in England is as well supplied with earnest, clear-headed, encouraging and helpful heads as those belonging to the Visiting Magistrates I have met with in my old county, then indeed the medical superintendents of asylums are lucky men.

I have always looked forward to their visits. They have listened to all my difficulties and tried to help me; they have been always ready to give me credit for my care and treatment of those entrusted to me and for all improvements made by me for the comfort of the inmates of my licensed house.

When I had owing to ill health to resign my position, I was comforted by hearing from those

at Quarter Sessions, and from what the papers told me, that in the opinion of the members of Quarter Sessions I had always done my duty by my patients. Their encouragement was in striking contrast to the attitude of the then Commissioners in Lunacy, and I can assure those gentlemen that encouragement will always be far more for betterment than carping captious criticism.

In some boroughs I fear the magistrates' attitude to mental disease is not what it should be. In one large town in the west of England I was astonished to find that when a magistrate was required to sign an order on the presentation of a petition and medical certificates, the petitioner was told that he would have to come to the police court at a certain time in the morning for the order to be made, with the patient.

I believe I am right in saying this rule was not made by the magistrates, but by the very dominating spirit and action of the clerk to those magistrates, who was, as an old Chief Constable of the said town, a few days ago said to me, virtually a stipendiary.

When this order came to my ears I at once wrote to the Commissioners in Lunacy and to the Lord Chancellor, and I have reason to believe this monstrous rule was altered.

In the town in which I live there is no doubt a very worthy Bench of magistrates. In more than one instance I have found them most humane in their dealings with persons who have been charged with offences against the law, but whose mental condition has warranted mercy.

But, alas! I have a very heavy indictment to bring against them and shall not mince matters in dealing with what is little short of a scandal.

It is their mode of treatment of those persons who are found wandering at large, not under proper control and care, and who are, as certified by the police surgeon, of unsound mind, and also of those persons who, under delusions of persecution, give themselves up to the police, seeking their protection.

In some of the latter cases I have known the kindly chief superintendent or the sergeant in charge give good advice and hand the patient over to his relatives or friends, but this is not always the case, as I shall prove.

I will give chapter and verse of three cases which I have been called in to see.

(1) A medical man from a neighbouring seaside resort gave himself up to the police under the delusion that he was being followed about by a number of bad women who had accused him of infecting them with venereal disease. He piteously declared there was no truth in this, and asked the police to allow their surgeon to examine him to disprove this accusation.

It was obvious he was insane, and the police surgeon declared so. Late that evening I received a trunk 'phone message from his brother-in-law asking me to go to the police station, where the patient was being most kindly looked after, and arrange to find a home in a doctor's house for him in Bournemouth and he would be down early in the morning to sign the petition

and make all arrangements. He begged me to see that it was all done privately.

To my horror, I found both the brother-in-law and I were powerless. A rule had been made as to how these cases were to be dealt with, and to the everlasting shame of the Bench, or whoever was the originator of this procedure, this unfortunate doctor was the next morning placed in the criminal dock, charged with being a lunatic. Evidence of his insanity had to be given in public court, and it was with some difficulty we managed to get an order for his reception into a doctor's house who had agreed to take him, the magistrates wanting, according to what they said was their rule, to send him to the county asylum, from which his relatives could have him transferred to private care!

It really seems incredible that in these days such proceedings should have taken place. Is insanity a crime or is it a disease?—a disease for which we should have the greatest sympathy. Nothing could more brand insanity as a stigma upon a family than this outrageous procedure.

The brother-in-law wanted at once to bring the matter before the Lord Chancellor, but his wife objected to further publicity and the matter dropped.

(2) Not very long after this a young gentleman of good family who had been sent to me as a simple case of neurasthenia by a well-known London physician, and who had dined with our family and chatted quite rationally, went out after dinner ostensibly for a short walk. Not returning by

nine-thirty, I became anxious, and sent out some of my staff to see if he could be found, as I thought he might have lost his way. I also gave notice to the police. In the middle of the night he was found wandering about, and when the policeman asked him to come with him to the station he became very violent.

I was notified by 'phone where he was and as soon as possible communicated with his friends. I visited him at the police station and found him in a condition of acute mania.

A relative came down at once, and the next day he was to be charged before the magistrates as a wandering lunatic, etc.

We interviewed the superintendent and begged him to get the case heard *in camera*, but found he had no power, and he told us that he felt sure the magistrates would not depart from their usual custom.

He would have to be charged in open court and sent to the county asylum, from which the relatives could have him transferred.

We had already made arrangements for his reception in a private asylum.

Finding our efforts to prevent this scandal and publicity unavailing, and as it happened that the patient was related to the then Home Secretary, his relative at my instigation got on to the Home Office by 'phone and told of his dilemma and asked for help. It was readily given. Peremptory orders were sent from the Home Office. The patient was examined in the police cell, an order was made—the petition and certificates

having been already filled up—and he was taken quietly away to the private asylum, where he soon recovered.

(3) The third case was a gentleman practising a profession in this town who had given himself up to the police and was detained by them till the next morning, when he would be charged. His wife, his medical man and I appealed that this case should be heard *in camera*, but the magistrates were obdurate, and though he was a well-known resident, he was placed in the criminal dock, charged with being a lunatic, evidence taken before the public, and was sent to an asylum then taking cases from this town, as the county asylum was full.

Both the wife, the doctor and I were naturally indignant, and I the same day placed this and the other cases before the then Lord Chancellor.

I received a reply that the matter would be seen into, but to this day I do not know if the strange and scandalous procedure still continues or not. If it does, both I and some of my friends who are mental consultants in London mean to place the facts before the public.

To brand an unfortunate person suffering from some form of mental disease as a criminal, and to publish the fact abroad, seems as if we had suddenly gone back to live in the Middle Ages. What is the use of our trying to get rid of the false idea that insanity is a stigma on the family history if our magistrates behave in this iniquitous manner?

CHAPTER IV

INSTITUTIONS FOR THE INSANE

To accommodate some 142,000 patients who are under the supervision of the Board of Control, both under the Lunacy Act of 1890 and the Mental Deficiency Act, there are :

County and borough asylums	98
Mental hospitals	14
Military and naval hospitals	2
Criminal asylums	2
Metropolitan licensed houses	21
Provincial licensed houses	42
Private cases in single care	566
Under the Mental Deficiency Act	
Certified institutions	39
Certified institutions under Section 37 of Mental Deficiency Act	37
Certified houses	9
Approved houses	21

I shall not touch upon any of these except public asylums, registered mental hospitals, licensed houses and private care.

In a recent work on mental diseases I read these words : " The British asylums as such are second to none in the whole world."

I do not want to depreciate my own country, but I have always said our great failing has been

"self-satisfaction," and I fear the writer of this book has no great knowledge of the institutions for the insane in other countries, far in advance of ours in many particulars—America, Germany, France and Switzerland.

There has been a wicked waste of money in building unwieldy gigantic barracks for the reception, care and treatment of the insane. Early treatment has been neglected, and, in spite of many experienced workers in mental diseases, including the Commissioners in Lunacy, themselves crying out for Lunacy reform, twenty-seven years have gone by and the vexatious Act of 1890 still runs its handicapping career in our attempt to increase the recovery rate of mental diseases.

Oh! how I wish we could get to know the framers of this retrogressive Act and make them give their reasons for their determination not to listen to the voice of practical experience. How I should like a quarter of an hour with these incompetent, inexperienced, red-taped officials.

(*a*) Public Asylums

I will admit that the public asylums of to-day are far in advance of those built forty years ago. Yet much is to be desired, and the building of gigantic asylums, "creating," as Sir T. Clifford Allbutt so well puts it, "another wilderness of lunatics which no man can know," is to be most heartily condemned on every possible ground.

When in 1889 we heard that Dr T. Clifford Allbutt (now Sir T. Clifford Allbutt, M.D., K.C.B.) had consented to become one of the Lunacy Commissioners, the appointment was hailed with delight. We felt we should have in him a real friend to the insane, a real helpful friend to those who had to care for and treat them ; and we were not disappointed. It was with deep regret we heard that at the earnest request of many he had in a very short time to resign his position and take up that of Regius Professor of Physics in the University of Cambridge.

He spoke with no uncertain tongue, he wrote with a trenchant pen and he decried in plain words the then leaning towards these huge barracks for the care and treatment of the insane.

Overbuilt and far understaffed medically, individualism is lost, clinical study must be limited, and no wonder the recovery rate in these institutions is no better than it was over fifty years ago.

A few days ago I had a most kind letter from Sir Clifford Allbutt and a permission to quote him as I saw fit.

These are his words, and weighty ones they are. He is writing of his experience as a Lunacy Commissioner :

" Our great obstacle was the Local Government Board, an office which is detestable to me. I sadly fear in its great strength and ambition it is about to capture the Ministry of Health. My great endeavour while on the Lunacy

Commissioners' Board was to break down the barrack system—break this down and the early unstigmatised treatment you desire would become easy.

"As things are, it is full of difficulties. I kept praying and working for the purchase of a village, all homely cottages to be made models, a hospital to be built and laboratories, the parson and church all to be there, and familiar farmsteads and so on. All not spick and span, but homely and cosy.

"Thus certified and uncertified cases would go there willingly.

"Abolish the name asylum.

"My colleagues were amenable, but the Local Government Board having control of the purse strings always destroyed the whole idea and plumped for barracks.

"Once I got the Lunacy Commissioners to pass a rule that no public asylum should exceed 1000 inmates. The Local Government Board 'raised hell' against us and one day at a small weekly Board from which I was absent on circuit my colleagues succumbed.

"The late Dr Hack Tuke ardently backed us up, but half in despair.

"We always urged that the Local Government Board had no business with plans and schemes. These were our affairs. Theirs to arrange the loans, etc. Personally I withstood them again and again. The Local Government Board is a crocodile and a python. It was no 'red tape.' This could have been severed. It was their

domination and greed of power and, I may add, unimaginative incompetency."

While on this matter of the Local Government Board I cannot refrain from telling a really good and true story, told me by my great friend, Dr Theo. Hyslop, late superintendent of Bethlem Hospital:

"I had the pleasure of taking the Right Hon. John Burns, when he was President of the Local Government Board, round the hospital.

"When passing through a male ward one of the patients remarked: 'Why, there goes honest John.'

"John Burns heard the remark with evident satisfaction and said to me: 'That man appears to be quite sane.'

"'Alas, no,' I replied; 'he is suffering from chronic delusional insanity and is, I fear, incurable.'"

In 1891 a Committee was formed by the Medico-Psychological Association to formulate proposals as to the care and treatment of the insane. It was very representative. Clause 32 of their report reads as follows:—

"The best size for an asylum depends on the class of patients and on the construction of the buildings. A county asylum which receives only recent cases and passes them on when they become incurable should not have more than 200 to 300 patients; an asylum which has both recent and chronic cases should not have more

than 600 to 700; while an asylum for chronic cases might easily supply proper care and treatment for 1000 or more."

I don't like "or more."

That the Local Government Board took no notice of this advice was soon after seen, when a huge barracks for 2000 inmates was, at their instigation, built!

In 1849 the Visiting Committee of the county asylum of Hanwell reported they were struck by the paucity of medical officers attached to it. There were 500 patients on the male side and 600 on the female side, and only one resident medical officer to each side and one visiting physician for the whole asylum. They went on to compare the administration of the Salpétrière in Paris, where, with 1000 patients, there were four times the number of visiting physicians and ten times the number of resident medical officers.

What progress have we made in this direction since that date, sixty-eight years ago?

Our medical officers of public asylums have four times the amount of clerical work to do now through that wretched Lunacy Act of 1890, and how can they possibly give the personal and the individual attention to recent cases so urgently required?

As Dr Elliott Smith and Mr Pear so well put it in their excellent book, *Shell Shock*: "We still look across the Channel with admiration, but while approving the better we follow the worse."

These enormous public asylums, many of them

with quite inadequate departmentalisation, and with a far too small staff to really get behind the minds of their recent cases, and with too large wards, too much herding together of patients, and altogether with far too much institution-like arrangement and administration, cannot hope for the good results a smaller, better staffed and more homely institution would achieve.

It is the whole principle that is bad, and why we have not imitated other countries far in advance of us, I fail to understand. Personally I have always been a great advocate of the personal element, especially in treating early cases of mental disease and in gaining their thorough confidence. The evolution of a real worry or a morbid idea into a definite concrete delusion is a most interesting study, and I can confidently say that many early cases of mental disease have not only recovered, but have remained well, by finding out the real origin of the early worry or the morbid idea.

To give one instance of what I mean. Some time ago a lady came under my care, sent me from London by a well-known physician, with the remark that she was run down and had got into a rather depressed condition. She had three small children and the anxiety of looking after them had been too much for her. She was quite an uncertifiable case. On arrival I found her very weak, with loss of flesh, and sleeping badly and with little appetite. At first I could get little from her as to the cause of her depression.

As she improved in health she became more

communicative and finally confided in me the following simple facts. She had married a gentleman rather older than herself, who had been for years a bachelor and a very businesslike man, attending to everything himself. They were very happy and evidently fond of each other, but there was a rift in the lute.

It appeared since her marriage some eight years before she had had to go to her husband for every penny she spent. If she wanted a few handkerchiefs or a pair of socks for her children she had to tell him exactly what she thought the probable cost would be and so much cash would be given her. She had no housekeeping money; he paid all the bills, etc. In fact, she never seemed to have had a spare sixpence in her pocket.

At first she put up with this, but gradually it worried her immensely. She did not like to complain and was so loyal to her husband that she never even told her own relatives of the effect this was having upon her health. She confessed she began to be afraid that her husband's financial position was bad and dreaded what would become of her and her children if he died.

I cheered her up by saying I would tactfully put the matter right, and when I next saw her husband in my London consulting-room I told him what was the real cause of his wife's breakdown and that he must alter his routine regarding household finance at once. He was most grateful to me and at once wrote to his wife, telling her of the new method he meant to adopt. She was

delighted, made rapid improvement, soon recovered and has kept well ever since.

This seems a very trifling case to quote, but I feel positive that if I had not found out this cause of her illness, and remedied it, her depression would have still continued and morbid ideas might have soon developed. I could give a hundred instances of the good results of getting at the initial cause of the depression in its early stages, and I am confident that in the large majority of cases in these huge asylums this probing into the cause is altogether neglected. There is no time for it.

And now to another complaint regarding these big asylums and the lack of that individual attention so greatly needed.

I cannot do better than give one striking case of this neglect. Although this did not take place in a public asylum, the institution was a very large one.

Some years ago I went to see a lady, at the request of her relatives and her great friend, at a large asylum. She was the widow of an army officer and had been in the best social circles. Worry had broken her down and it appears she was very noisy and violent when she arrived at the institution. She had been placed on the side of the asylum with the excited and noisy cases, and had gone from bad to worse, getting more noisy, more violent and very filthy in her habits.

I went to the asylum with her friend, who had told me all details, and had also informed me the

patient had always had a great dislike to nurses in uniform.

I was shown into the large ward where she was by one of the assistant medical officers, as the superintendent was too busy to see me. The ward was a perfect pandemonium, and I fear one of the worst in it was the patient I had come to see. I asked to be allowed to see her in a separate room, and this was done, but two uniformed nurses came with her. She was half naked, very dirty and kept swearing at her nurses and accusing them of every crime imaginable. I suggested they should leave the patient with me and her friend, which was done, and in a few minutes I was able to get some fairly sane answers from her.

I then asked to see her bedroom and was shown a single room devoid of furniture, except for a mattress covered with a mackintosh sheet and an india-rubber chamber.

The window had locked shutters, while the door had a peep-hole with a light outside to be reflected in, so that the night nurse might supervise her. I heard that she was always filthily dirty in the morning and her room in a shocking state. I asked to see the superintendent, but he was still engaged, so I left word that I would make my report and see that a copy was sent to him.

In this report I suggested three things :

(1) That she should sleep in an observation dormitory and be so watched that her dirty habits were kept in check.

(2) That by day she should have a private

room, for which more payment should be made, and (3) that her nurses should not wear uniform.

I gave a guarded prognosis, but did not despair of at least a partial recovery.

My report was received with scant courtesy and with the reply that the routine of the institution did not allow my suggestions to be carried out, and that if the relatives were discontented they had better find some other place for her. This they promptly did.

I had her removed to a small, homely asylum, the proprietor of which readily promised to carry out all my wishes.

I got her friend to go down to this asylum and take with her all her pretty bedroom knick-knacks, her photos, etc., and make it as much like her own bedroom as possible.

Then I got the proprietor to have the nurses who were to look after her dressed in ordinary clothes, and that they should let the patient consider they were her maids. She was to have a nice sitting-room leading into a walled garden, and as she was very fond of fancy needlework, to have her work-basket, etc., in this room.

When all preparations had been made she was removed to her new home.

She arrived in a state of great excitement, in charge of two uniformed nurses, who said they had had a sorry time.

She was at once given over to, as she was told, two maids who would do her bidding and taken to her bedroom by her friend, who was there.

The moment she saw her nice room and

recognised her old pretty things she seemed delighted and became quite quiet. From that day she improved, her dirty habits went and after a few months, although she still had various insane delusions, she was so much better that she was removed to single care. Here she steadily improved and after some time was discharged from certificates. As her home had been broken up and her children in foreign lands, she remained on, and is there still, quite sensible, just a little eccentric in her dress, but as happy as the day is long.

While I am on this subject of routine practice, not to be altered for individual cases, may I divert for one brief moment from my subject and give an example of this in our large schools ?

Some years ago I was suddenly sent for to see a boy at a well-known school who had tried to drown himself in the swimming bath. I found him recovered from his attempt on his life, but very depressed. After a long chat I elicited from him the cause of his melancholy. He hated Latin and Greek ; his bent was drawing and painting, and he meant to be an artist. He begged me to intercede and get the headmaster to allow him to give up his Latin and Greek and use those hours for lessons in drawing and painting. His mother asked me to do what I could and agreed to pay any extra that might be required. I had a long interview with the headmaster, a most clever and capable man, but he was adamant. He could not have what he called the school routine upset under any circum-

stances. There was nothing to be done but to remove the boy at once and place him under private tuition, which was a severe financial trial to his widowed mother, who also lost the money she had paid in advance for the unexpired part of the term. I was indignant and did not mince my words with this headmaster. I heartily damned this hard and fast routine, this utter want of individualism.

The Clothing of the Patients in Public Asylums

I have never been able to understand who first started the idea that those suffering from mental diseases and sent for care and treatment to what should be a hospital should be compelled to wear a uniform, just as the prisoners in our jails and the convicts in our penal establishments have. When we send our poor to sanatoria we do not brand them with any special costume. Then why should we those poor unfortunates who instead of suffering from consumption have their brains affected ?

It may be answered that it is done for economy's sake. Damn such economy, say I. No wonder insanity is looked upon as a stigma, when we dress up those who suffer from it in the garb of a convict.

To me it is a pitiable sight to see hundreds of these poor sufferers so degraded.

May it please God to see this wrong righted.

I can find no excuse for it.

Paying Patients in Public Asylums

Towards the end of last century it gradually dawned upon someone that there was a class of our poorer brethren for whom, if attacked by mental disease, there was no place except the public asylum. A very, very small percentage might possibly be from time to time received into the mental hospitals, about which institutions I shall speak later on, or possibly one or two of the larger private asylums would take a few in at a fairly reasonable weekly sum, but the percentage was very small for such reception.

It was a great relief to the general practitioner when he heard the good news that some of the public asylums were opening their doors to paying patients, charging them sums varying from £1, 1s. to £1, 5s. a week. For this at first, at any rate, the only difference they got in their treatment from the pauper classes was that they were allowed to wear their own clothes (a distinct saving of money to the asylum) and had a little extra dietary given them. Still, this was something and we were grateful. Gradually other public asylums did the same. It then dawned upon us that, as the public asylums were making definite profits out of these patients, they ought at least to keep them separate from their pauper patients, and many of the asylums either allocated wards for this purpose or built annexes.

This still further satisfied us and the plan met a great want.

Later on, not content with what we who were

interested in the welfare of the insane thought was sufficient, some of the public asylums spent large sums on building especial palatial buildings, up to date, well furnished and able to compete with many of the private asylums in comfort, etc.

Thus the ratepayers' money was invested to make a big profit and to enter into direct competition with private asylums with large capital invested, capital which was often held by many branches of a family.

Into these handsomely equipped buildings we heard to our regret that patients paying higher terms were being received, and many a protest has been made against this innovation, as it must be clear that the original good work of catering for a class sadly in need of help was being seriously handicapped.

To my cost I know that at least in one of these public asylums into which a few years ago I had no difficulty in getting a patient received at £1, 5s. a week I now have to ask as a favour for the admission of a patient able, at a strain, to pay from two to two and a half guineas a week, while I am warmly met if I am able to say the patient for whom I am seeking a home in the immediate neighbourhood is able to pay perhaps four to five guineas a week.

I maintain that public asylums ought not to receive any higher sum than £3, 3s. a week at the outside, whatever accommodation they are able to give private patients, and in that I know I have many well-known mental consultants with me and many general practitioners too.

Voluntary Boarders

By some stupidity on the part of the framers of the 1890 Act the clause allowing the admission of voluntary boarders did not apply to public asylums.

We have asked over and over again for this defect to be remedied, but with no result. Dr Bedford Pierce, the medical superintendent of the York Retreat, in his address, "The Absence of Proper Facilities for the Treatment of Mental Disorders in their Early Stages," an address which should have been widely circulated, draws special attention to this serious defect.

I have been on committees unanimously asking for this voluntary boarder clause to apply to public asylums, but all has been in vain. The officials before whom we have presented our views have taken no notice, nor have they given any reasons against this boon to many poor sufferers from early mental disease whose means would not allow them to enter a private asylum or mental hospital, to which institutions this clause applies.

For twenty-seven years we have been urging that this grievous defect should be remedied, but our voices have made no impression. Yet the dropping of water on a piece of granite would in that time have resulted in something visible.

No wonder, when the Commissioners in Lunacy are powerless to move the powers that have made this vexatious Act, that committees composed of

men who have given their lives to the treatment of insanity are unable to set the ball of reform moving.

When will the public wake up and see the folly of the Act they in their ignorance agitated for and demand that a new Altruistic Act be drafted and some chance be given to the poor sufferers in the early stages of a disease which, if taken in time, can be so often recovered from ?

A well-known American psychologist connected with that wonderful institution for the insane, " The Willard Asylum," in the state of New York, wrote these words some years ago :

" The nearer an asylum is made to approach the village household and still serve the purpose of a useful institution, the better it will become. The poor do not require and do not appreciate extravagant surroundings and palatial structures, to which they have never been accustomed in their own homes."

The late Dr Hack Tuke, in his report of his visit in 1891 to the two celebrated German asylums, " Alt Scherbitz," near Leipsic, and " Gabersee," near Munich, writes :

" When we think of some of the gigantic and monotonous structures which have grown up in England as county asylums, one is thankful indeed that the spirit by which such cumbrous piles of buildings have been too frequently erected in England was far away."

He was referring to his feelings as he was visiting these German institutions.

Sir Thomas Clifford Allbutt when a Commissioner in Lunacy placed on record his opinion of these institutions in England as follows :—

"Huge asylums—that is, asylums containing more than 1000 patients at most—are to be condemned, because in them personal character is lost, because the effect of barrack life is bad for the inmates, classification is difficult and the treatment by the superintendent must be indiscriminate. Let any nervous, sensitive person try and conceive the lot of another condemned to spend ten to thirty years of their lifetime in the hurly burly of a ward of 170 patients. Can we wonder at the piteous appeals for removal to any other place on earth ? "

The late Dr Whitcombe, superintendent of the Birmingham Borough Asylum, in his presidential address in 1891 before the Medico-Psychological Association deprecated the building of these gigantic asylums, saying : " I hold strong views that such institutions are cumbersome and embarrassing for good management and they tend to defeat the very object for which they were intended—the treatment of disease."

But Germany has no Local Government Board.

I fearlessly state that the majority of these huge public asylums are unsuitable as at present arranged for the treatment of the early cases of mental disease.

The existing huge asylums cannot be altered

on the lines of those in other countries, as Dr Bedford Pierce has pointed out.

What we can do to improve this serious defect in the treatment of the insane among the poorer classes I shall point out in my last chapter.

There is an excellent paper in *The Journal of Mental Science*, by Dr Knowles Stansfield, on "The Villa and Colony System for the Care and Treatment of Mental Diseases," from which I quote:

"The detached hospital system which we have had in operation at Bexley Asylum since its inception has proved eminently successful in every way and has been reproduced at Horton and Long Grove."

Dr Stansfield speaks most highly of this system, especially for chronic cases, and I wish I had space to make several extracts from this most excellent paper.

He had visited the German asylums run on these lines at Gabersee, in Bavaria, Effling, near Munich, Uchtspring, near Stendal, in Saxony, and Galkhausen, at Langersfeld, near Cologne, also the well-known asylum, Alt Scherbitz, near Leipsic, Saxony, and the City Asylum, near Vienna, while he also had visited the leading asylums of America, including one at Toledo, which he considered approached most nearly the ideal asylum.

I have searched the Blue books of the Commissioners in Lunacy for some appreciation of this method and an earnest appeal for an increase in this admirable mode of dealing with

many of our insane poor, but so far my search has been in vain.

Consumption in Asylums

It was in 1898, when I was president of the Bath and Bristol branch of the British Medical Association, that sad circumstances made me take a great interest in this subject. It was in this year that we formed a branch of the National Association for the Prevention of Consumption and I was elected chairman of the Executive Committee. That committee worked hard for seven years. We went to all parts of the large district, in the counties of Somerset, Wiltshire, Gloucestershire and the city and county of Bristol, preaching the principles of prevention and treatment of this fell disease.

Our work resulted in the erection of that well-known sanatorium, the Winsley Sanatorium, for the poor of those counties.

I take to myself the pleasurable honour of introducing for the first time in England the idea of starting such an institution on the grounds of philanthropy, self-help and rate aid. The institution has done grand work ever since it was started.

The outcome of my interest was that I was elected a member of the Executive Committee of the National Association for the Prevention of Consumption, and during my years of membership it was delegated to me to write an article, widely distributed, on "What the Friendly Societies

of England could do in this Direction." It was also to me that the very arduous task of obtaining information from all Boards of Guardians in England and Wales as to what means they were adopting with regard to the prevention of consumption in their respective districts, with a very full description of what they might do to mitigate the increase of this disease, was delegated.

I believe I may say that much good came of this crusade.

No doubt it was because of my work in these matters that I was elected chairman of a committee to inquire into the death-rate from consumption in our asylums, appointed by the Medico-Psychological Association.

There was definite evidence that in many of our public asylums the death-rate from this disease was very high, I believe nine times as high as that among the general public. The committee met many times. The work of collecting evidence was very arduous, although the superintendents of the public asylums helped us very much by the information they gave us.

We drew up an exhaustive report, with many tables of statistics.

These statistics were to a large extent made out by our honorary secretary, a man who put his whole heart into the work. We made many excellent recommendations and the report was duly presented.

Unfortunately a few slight errors in these statistics occurred, and to my surprise and indignation a member of the Association whose

voice I had never before heard at any of our general meetings got up and damned our report, on the ground of these slight mistakes. I *was advised not to reply*, which advice I have ever since regretted I took. The statistics were handed for further examination to a superintendent well versed in statistical research. His verdict was that although there were some mistakes, the general conclusions we came to were not materially altered. Nevertheless the report was not accepted, and all our work went to the winds.

Most kindly and sympathetic remarks concerning the work of this committee were written in *The Journal of Mental Science* by the editors. Nothing further was done. I see that to this day the death-rate from consumption is still very high indeed in many of our public asylums, and I hope the gentleman who had the pleasure of damning this really excellent report and suggestions for betterment has regretted he ever spoke. I do not know him and forget even his name, but he has never been forgotten by me when I read in the Blue books the terrible tale of the large death-rate from this disease.

(*b*) Registered Mental Hospitals

There are fourteen of these institutions in England and Wales. They were founded for benevolent purposes.

Some have large endowments, some less, and some none, but, as the Commissioners point out,

the duty of all these hospitals must be to reserve an adequate proportion of their income to keep suitable patients with straitened means.

Many of these mental hospitals carry out to the full the objects for which they were founded, while some, alas! are sadly lacking in their performance of this good work.

The Commissioners of Lunacy have constantly commented on this deplorable fact, but they have no power to enforce these hospitals to carry out the objects for which they were founded.

In 1907 they write as follows :—

"We think that while it is very desirable to improve the accommodation and surroundings of patients who can pay well, an improvement in which the less affluent participate, a wide margin of means should be left for appropriation to the relief of persons who, suitable as regards position and education, are not able to pay the charges of private establishments."

In 1909 the Commissioners in Lunacy again refer to this matter :

"Several of them [mental hospitals], however, fail to discharge adequately their primary functions of receiving and maintaining at low rates of payments patients of refinement but of limited means, who would feel acutely the surroundings and associations of a county asylum."

In 1913 they again put on record the following opinion on this point :—

"In some instances, however, we think that the primary and main object of the founders of these hospitals is being somewhat overlooked and

disregarded, and that an adequate proportion of their income is not being devoted to the relief of persons of education but small means, who have therefore to be sent to county and borough asylums, their friends contributing to their maintenance therein."

Two examples of payments of patients in mental hospitals during one year, excluding Bethlem Royal Hospital, taken from the Board of Control, or rather the Commissioners in Lunacy's, Blue book, 1904, are as follow (see Table, p. 95).

(*a*) is the mental hospital doing the most amount of charitable work.

(*b*) is the mental hospital doing the least amount of this good work.

The percentages are based on the total number under treatment during the given year, which would be 1903.

A study of this table proves to the hilt the contention of the Lunacy Commissioners. Personally I feel sure I am stating the truth when I say that many of the private asylums of England do more charitable work by taking patients at low rates than many of the registered hospitals.

In the Commissioners in Lunacy's Blue book of 1910, they, in writing their report of one of the large mental hospitals, condemned the plan of dividing patients into first and second classes.

They considered the principle of dividing patients into classes, based upon the amount that they are able to pay, objectionable, and they end their report with this sentence :

"The only proper classification of patients appears to us to be that which is based upon the character of their mental disorder."

I fear this condemnation of one mental hospital for this faulty classification might be extended to other institutions for the care and treatment of

Number of patients treated during the year—	*Percentage gratuitously maintained—*	*Payments less than 10s. per week—*
(*a*) 195 . .	No. 4 % ·9 .	No. 2 % ·9
(*b*) 358 . .	No. 10 % 2·1 .	No. 9 % ·8
Payments 10s. and less than 15s. per week—	*Payments 15s. and less than 21s. per week—*	*Payments 21s. and less than 31s. 6d. per week—*
(*a*) No. 33 % 11·6	No. 51 % 18 .	No. 141 % 49·6
(*b*) No. 4 % ·8	No. 8 % 1·6 .	No. 89 % 18·4
Payments £2, 2s. per week and less than £3, 3s.—	*Payments £3, 3s. per week and less than £4, 4s.—*	*Payments £4, 4s. per week and above that sum—*
(*a*) None . .	None . . .	None
(*b*) No. 12 % 2.5	No. 166 % 34·4	No. 71 % 14·7
Payments above £4, 4s. per week—		
(*a*) None		
(*b*) No. 144 % 23·6		

the insane. I have written and spoken upon this subject many times during the last twenty years.

Unfortunately the Commissioners in Lunacy have no power under the 1890 Act over these mental hospitals and can only suggest.

It is with the committees of these institutions to carry out what the Commissioners suggest or not, as they choose.

Yet a superintendent of one of these mental hospitals, in his presidential address in the Psychological Section of the British Medical

Association in 1891 made the statement, when commenting on the Lunacy Act of 1890, that: "The power given to the Commissioners in dealing with registered hospitals (*i.e.* mental hospitals) is of a most objectionable and inquisitorial character." As a superintendent then of a licensed house, I remember well my surprise when I read this statement in *The Journal of Mental Science.*

Why should a mental hospital have less supervision than private asylums ? and less rules made for them by the Commissioners ?

They do not have to apply for a yearly licence. I am perfectly aware of the fact that the majority of these mental hospitals are thoroughly well-conducted institutions, and many of them do their utmost to live up to the object for which they were created, but of recent years we can never forget that the gravest scandals connected with any institution for the insane took place in one of these registered mental hospitals. A great deal was made public, while a good deal was hushed up, but I have no hesitation in saying that if such scandals had taken place in any private asylum the place would have had its licence taken away. The Commissioners were more or less powerless, but I believe it is a fact that they refused for some time to grant any transfer of any patient from any other institution or from private care to this mental hospital until they were satisfied that the place was properly conducted.

Before leaving the subject of mental hospitals it is only right to mention one mental hospital that has yet to be used for the purpose it was in-

tended for—viz. the Maudsley Hospital, founded by that well-known and respected psychologist, the late Dr Henry Maudsley.

It was intended to be used for early cases of mental diseases and as a clinic, on the lines of the well-known clinics of America, France and Germany.

Owing to the Lunacy Law of 1890 this could not be used without certification of the patients sent to it. Recently, after attempts had been made to get some alteration in the Lunacy Law to suit this case, and had failed, it has been used for military purposes in connection with soldiers who have developed mental symptoms. It seems hardly to be believed that any difficulties in the immediate use of this most valuable institution, on the lines the generous founder intended, could not have been overcome, and is another instance of the inertia or neglect of our Government to do something to meet a crying want.

(*c*) Private Asylums or Licensed Houses

There are in England and Wales 65 of these institutions—21 in the Metropolitan District, and licensed by the Board of Control; 44 in the Provinces, licensed by the justices at Quarter Sessions.

These licences have to be renewed each year, and payment has to be made in respect of these licences.

Of these, one in the Metropolitan District, and one in the Provinces receives also pauper patients.

The latter is an asylum licensed for 672 patients, of which number only 150 are private cases.

Prior to the building of county and borough public asylums pauper patients were sent to private asylums. I fear their accommodation was far from what it should have been. Many were kept in what was practically cellar accommodation and were "fed from the crumbs from the rich patients' table."

I am glad to see by all the reports in the Blue books for many years that the Commissioners in Lunacy speak highly of the conduct of licensed houses. Some comparatively short time ago they had occasion to report badly of one of these which was presided over by a medical superintendent who was not the proprietor, and they used their powers to give this official definite rules for his guidance which were to override any rules and regulations made by the owners of this said licensed house.

These institutions are visited six times a year by the Visiting Magistrates and twice in the year by the Board of Control.

The public attitude towards these institutions has always been one of suspicion—a suspicion which certainly of late years has been utterly uncalled for.

It is naturally to the self-interest of the owners of these institutions that they should be conducted above the possibility of reproach.

The common idea that these homes are little "gold mines" is far from being true, and I know

as a fact that the majority of them only make profit on the last few patients of the number for which they are licensed. By this I mean that if a licensed house is able to receive forty patients in all, probably the expenses are met by the payments of, say, thirty-six patients. It is the last four patients whose payments make the profit.

This is only a rough estimate, but it is fairly correct.

There is, however, one exception, and that is in the case of the licensed houses which can take large numbers.

If these only make a profit of ten shillings a week on each patient, the amount runs into big figures, and I believe I am right in saying that the only owners of licensed houses who have left large sums are those who owned these big institutions.

The competition is very great and the expenses of interest on the large capital invested and the upkeep of buildings, on the salaries of staff and on the constant improvements which are made, swallow up a very large proportion of the amounts received from the patients.

The days are long gone by when the public have had true reason to make any legitimate accusation against the conduct of these licensed houses, and I am firmly of opinion that if the late Charles Reade had lived in these days he would have had no occasion to write that well-known novel, *Hard Cash*, with its scathing indictment against private asylums.

Not many years ago there appeared in a well-

known London weekly paper a sensational account of the illegal detention of a rich lady in a private asylum. The name of the institution was given, and it was boldly stated that this patient, although perfectly sane, was kept a prisoner for simple gain. Many details were given, and on reading the paragraphs there seemed to be evidence of real injustice.

Strange to say, one fact was mentioned, and that was that so far appeals to the Commissioners in Lunacy and the Visiting Magistrates had been of no avail, and these gentlemen were accused of being parties to an iniquitous plot to keep this unfortunate lady "locked up in an asylum."

What were the real facts of this case?

Some three or four years before this sensational statement appeared I had been sent to a well-known seaside town in the west to see this lady, who had got into the hands of the police for indecent behaviour. She had been found on the pier in the middle of the morning without a stitch of clothing on her.

I had a long interview with her, and heard from her companion and the police the story of many similar actions during the past few weeks. Her excuse was that she had been told by a voice that only by such conduct could she hope to get engaged!

At that time she was living with a companion who was entirely supported by her.

It was so clear a case of insanity that on her sister promising to see her properly cared for, the case was dismissed.

I advised that she should be sent to the asylum above mentioned, and I frequently saw her, as I was consulting physician to that licensed house. She was, I felt sure, most kindly treated. Every year she had a month's change at the seaside with a companion and nurse, and during some of these periods of change I saw her and was convinced of her unsound mental condition. On three occasions when having this change she seriously misconducted herself. Several times while in the asylum she gave evidence that her insane ideas were the same and corresponding action took place.

I can honestly affirm that at no single interview I had with her did she ever make a complaint or ask for her liberty. She might occasionally have asked for certain privileges, which, if reasonable, were always granted. As time went on symptoms of suicidal intent developed and stricter supervision became necessary.

Well, these paragraphs of the most libellous nature still made their appearance, till at last the sister, beside herself with the taunts of those who did not know the real truth, decided to discharge her on her own authority. The proprietor of the institution was advised that it would be a useless thing to bring an action against the paper, as, if successful, he would have little chance of getting any damages the jury might give him. I strongly urged the sister to at least have the patient supervised and not to give her unconditional liberty.

In a few weeks I was informed that the poor lady had jumped out of a window, with the

definite object of killing herself, but her life had been saved. She was at once recertified and sent to an asylum, where in a short time she died.

In spite of this definite proof of false accusation they had made against the sister and the proprietor of the asylum, the Lunacy Commissioners and the Visiting Magistrates, no apology ever appeared in this paper, and the truth of the case has never before been made public.

It is one of the instances of "giving a dog a bad name."

During the publication of these gross libels I was often asked questions about the case, and I found clearly what an injurious effect they had had in the minds of those ready to seize upon any statement in order to violently abuse private institutions for the insane.

CHAPTER V

CARE OF THE INSANE IN PRIVATE DWELLINGS

During the first thirteen years of my medical life, while engaged in the work of a large country practice, I was very interested in the treatment of mental diseases, and my own house was during many of these years a licensed house for the reception of two ladies. I had also around me several cases of incipient mental trouble in suitable private care. I visited frequently the large Bristol City Asylum and devoted a considerable time to the study of mental ailments.

Early in the eighties I felt that my experience warranted my writing a paper on the subject, to be read before the British Medico-Psychological Society.

I shall never forget my trepidation at having to state my very firm opinion, before a large body of medical men, almost all of whom were superintendents or medical officers of public and private institutions, that many cases, both recent and chronic, of mental disease might be treated with great advantage in suitable private care.

Suffice it, my paper was duly read and a long discussion followed which had to be postponed till the next quarterly meeting of the Society.

In that paper I was very emphatic in my strong

opinion that all such homes should be under some sort of supervision, and knowing even then what an enormous amount of work the Commissioners in Lunacy had to do, I advocated that in the Provinces this supervision might easily be allocated to the Visiting Magistrates.

As may be imagined, many of my statements were challenged. When the discussion came to an end and I had replied to my critics, I was extremely hurt by the fact that, in accordance with the usual practice of asking the reader to hand his paper to the editors of *The Journal of Mental Science* for publication, I was not so approached.

I was walking down the stairs of the Royal Bethlem Hospital, in which institution the meeting had been held, upset, not to say exasperated, by this strange exception to a general rule, when a friendly voice greeted me with these words: "Weatherly, what a shame; they never asked you for your paper. What do you mean to do?"

We had a chat, and by his advice I went at once to my publishers, Messrs Griffith & Farran, and got the head of that firm to glance through my paper with the idea of its being published as a book. I was most sympathetically received by him, and he consented to at once publish it, provided I added to it and got some well-known person to allow me to dedicate the work to him. I at once took his advice, and called on the late Lord Shaftesbury, then chairman of the Lunacy Board, a man who had done more than any living

man during many years for the insane of this country.

He asked me to leave my paper with him, when he would give the matter his consideration. In a few days I had a most kind letter from him, stating that he would be pleased to accept the dedication, provided he corrected the proofs for the Press, in order that nothing I wrote might be antagonistic to his views.

How readily I accepted his kindness may be imagined, and many letters on the subject were written by him to me and are treasured to this day.

I mention these facts to prove my right to discuss a mode of treatment which I maintain might be largely increased on lines of strict supervision and with, in many cases, simple notification to the Powers that be.

The last report of the Board of Control shows that on the 1st of January 1916 there were in England and Wales 566 private cases in single care. I venture to state my opinion that this number might well be multiplied by ten, with great help towards the recovery rate in recent cases, and with great happiness and comfort to many chronic cases of mental ailment.

Not only does this statement appertain to private cases, but also to pauper cases, and I hope to prove by facts and the opinion of others well able to judge, of the benefits of this plan of treatment, and of its real value in numbers of cases.

The late Sir John Bucknill wrote a book on this subject and very strongly advocated this line of

treatment in many cases of mental disease, both incipient and chronic.

It is essential to my mind that the homes should be in every way suitable and those who take charge of such cases should have some qualification for their work. To take a mental case simply for the increase the payments make to the income is to be deprecated. The persons in charge should have a liking for the work and the help required in looking after the patient. I well remember three of the homes in which I placed single cases many years ago were those of widows with one or two daughters, and all devoted their time to the welfare, the comfort and the treatment I prescribed for those entrusted to their care.

I have often been asked by persons wanting to augment their income to send them a patient, but I can safely say that I have always been most particular in my choice of homes, and have always been antagonistic to the right of unsuitable persons accepting for payment the charge of anyone suffering from mental disease of any kind whatsoever.

The cases mentioned in the Blue books as being under private single care are, of course, only those who are certified. No doubt there are many hundreds of early cases the majority of which are quite uncertifiable under treatment and care in private dwellings. I maintain that these all should be notified to some authority, of course in strict secrecy, whether that authority be the Board of Control or the Visiting Magistrates of the districts in which the houses are.

I go further and say, without fear of contradiction, that homes presided over by well-qualified medical men for early and incipient cases should be considered as approved homes and so recognised.

There can be no doubt whatever many such homes do get a very large proportion of recoveries and do an enormous amount of good.

If properly conducted, they should be under no chance of being suddenly inspected with the possibility of prosecution.

I uphold many of the prosecutions which the Commissioners have instituted, but I say fearlessly that some of these have been little short of persecutions, and I feel constrained to say that some such homes are allowed to exist with the full knowledge of the Board of Control, while others are paid somewhat mean surprise visits, much to the annoyance of the patients in such homes, and that it greatly depends upon the medical man sent under the Lord Chancellor's order how such an inquiry is conducted.

I could say a great deal more on this subject, but will let this statement suffice. I have ample proof of all I have said and I write without the least fear.

Of course finances come into consideration in this plan of treatment in private homes, and of houses in which a single case is taken, but I always tell the relatives of these early cases, which seem to be ones that ought to quickly recover, that the expense must be looked upon as a capital one and not as one out of income, just as

sudden ordinary illnesses with expensive nursing or operations have to be considered.

The cases suitable for this kind of treatment come under two headings: (1) those chronic cases which are certified and much happier in domestic care than in asylums; (2) early cases of incipient mental disease.

Dr Bedford Pierce has pointed out the terrible harm certification may do in some cases of quickly recoverable mental disease. He gives an instance of a gentleman who was managing director of a large company who was suddenly attacked with mental trouble which, with the law as it at present stands, necessitated certification. He recovered in about a month, only to find that, in accordance with the Articles of Association of the company he was the managing director of, he had lost his valuable post, simply because he had been certified as a person of unsound mind. Such cases could be easily multiplied and again shows the harm this wretched Act is capable of doing.

In *The Journal of Mental Science* for 1914 there is a most excellent paper by Dr Helen Boyle, entitled "Early Nervous and Mental Cases."

Dr Helen Boyle at that time had been nineteen years in practice, first as an asylum medical officer, then with patients in her own house, and for nine years medical officer of that excellent home for early nervous and mental cases among the poor at Hove founded by Lady Chichester. Would there were more such homes in England.

There was an animated discussion by leading

mental specialists and others who were practically unanimous in their opinion that the law regarding the early treatment of incipient insanity must be altered. Even Sir George Savage, in spite of his captious criticism, was bound to confess he had listened to the paper with great interest and that he recognised that much Dr Boyle had said was in the right direction.

Other able men like Drs Hyslop, Percy Smith, Bedford Pierce, Corner, Maurice Craig, Street, etc., all agreed with the leading points of this excellent paper, and personally I was delighted to read not only the paper but the discussion, as they bore out so entirely my own experiences of some forty-three years' work in this branch of medicine.

Dr Harry Corner spoke strongly on the subject of approved homes for borderland cases, uncertified; such homes to be presided over by a medical man of experience.

Since that date Dr Corner's own home has been placed under the heading of "Approved Homes for Mental Defectives," under the Mental Deficiency Act, which shows a step in the right direction. I shall have much more to say regarding this matter in my last chapter.

To prove my contention of the great advantages of what I call domestic treatment of mental disease, I could give extracts from works written and papers read by many influential medical men, but I will content myself with making a few extracts from the Blue books which speak for themselves.

1906. "We are able to report that the care and treatment of these [single patients in private houses] continues to be very satisfactory, the results of this mode of treatment being in many cases highly beneficial."

1908. "As the result of such visitation [to single cases] we are able to report that these patients have generally been found to be kindly and judiciously treated, and we continue to attach great importance to the beneficial results obtained in many instances by placing cases in single care."

1910. "The method [single care] of treatment has proved itself to be most desirable and beneficial in certain types of insanity, and we can, as the result of our visitation, say that the patients residing under these conditions are, generally speaking, well and kindly cared for."

1914. "The surroundings and the arrangements for the supervision and comfort of these patients must of necessity vary according to the means available; but the homely conditions of single care are eminently suited to cases of a mild and chronic type, and we can, as a result of our visitation, say that with few, if any, exceptions the treatment of these patients is considerate and kind."

Finally, in 1917, we have "the following report concerning this mode of treatment":—

"The treatment of patients under single care, both original and by transfer from institutions, is encouraged by us in cases suitable in character and where financial circumstances are such as to

admit of it. The change from institution care to care of this nature does undoubtedly in not a few instances prove beneficial, and especially so where the mental condition of the patients is such as to be stimulated by the social and home-like surroundings attendant on this form of supervision."

These are words I should like to be written in letters of gold, coming as they do from a body of men who are not given to praise, and far too prone to criticise and complain of trivialities.

Before leaving this subject and bearing not only on approved homes as suggested, but also on asylums generally, I do feel compelled to mention a defect in many such places which I have cried out against for many years. Certain superintendents are very chary of allowing the medical attendant of the patient to visit such patient when once under their care. I have had no end of complaints of this kind brought to my notice.

Personally I have, whether in the asylum I once presided over, or my present home for early nervous cases, always welcomed such visits, and to-day it is not uncommon for five general practitioners to visit my home in one morning to see their patients with me. It is good for the general practitioner, it is good for the patient, and relieves me of considerable responsibility.

The Boarding out of Pauper Patients

The excellent plan of boarding out insane folk of the pauper class, as practised so largely in

Scotland with such excellent benefit, has, as the Board of Control point out, become almost a dead letter in England and Wales.

Last year there were only some 6000 pauper insane patients so dealt with. They are visited regularly, I believe once a quarter, or more often if required, by the Poor Law medical officer for the district, but the present law gives the Commissioners no power to visit such patients.

This plan of treatment, which I believe I am right in stating was first tried at Gheel, in that most unfortunate land of Belgium, should certainly be greatly amplified. It would relieve the overcrowded barrack asylums, and be of marked comfort and happiness to many of the patients now herded together in huge wards, but supervision is essentially necessary in these cases. The Board of Control is already overworked and how this supervision can be carried out will be mentioned in my last chapter.

CHAPTER VI

MEDICAL OFFICERS OF INSTITUTIONS FOR THE INSANE AND GENERAL PRACTITIONERS

I FEAR this chapter may give offence to some, but I have such strong opinions gained from knowledge of facts that I cannot mince matters.

Generally we can with truth say that while the medical officers of asylums, with but few exceptions, have had very little practical knowledge of medicine and surgery, having to a large extent gone straight from their medical school and hospital teaching to the wards of an asylum, the general practitioner in his medical school and hospital career has had little opportunity for the study of mental disorders, and even in those London medical schools which have a lecturer on psychology, I fear his knowledge of early incipient cases is so small that he seldom touches on the very important explanation of the symptoms that have to be looked for in such cases and the treatment that should at once be adopted.

There are some general practitioners who as years go on get their own knowledge of these early cases, but I regret to say that medical men have often admitted their ignorance in many cases I have, during the past twenty-five years, seen in consultation, and it is a well-known fact that some practitioners loathe this class of case,

which they say takes up far too much of their time, and in their own words state: "I cannot be bothered with such cases."

My valued friend, Sir James Crichton Browne, that eloquent speaker and writer on all sorts of subjects, from pathology to Harris tweeds; from the cooking of herrings to the defence of that evil-tempered genius, Carlyle; from the intricacies of drainage to the asylum treatment of the insane, has put on record from his vast experience that little real medical work is done in our large public asylums. This fact is to my mind clearly proved by the survey of the yearly accounts of these county and borough asylums and mental hospitals. From these we gather that the amount expended on medicines and surgical appliances, etc., works out at about an average of one penny per week per patient.

I do not want the personal element to come too much into this little book, but I feel bound to state as a fact that with my fourteen years' experience in my younger days of a large general practice I found no end of symptoms to be treated when I became the proprietor of a private asylum for forty-four patients, and for that number, which really only averaged about forty-two, my drug bill alone came to over £175 a year, which will be seen to work out at £3, 17s. 9d. per patient per annum, as against 4s. 4d. per patient per annum in the county and borough asylums of England and Wales, while in my present home for early nervous cases I find the average per head per annum is over £17.

In spite of what some psychologists maintain as to the little use of drugs in mental diseases, I shall always give my strong opinion that by the diagnosis and treatment of many ailments a very large amount of good can be done towards benefiting many early and some presumed chronic hopeless cases.

I have seen papilloma of the rectum cause what appeared to be hopeless hypochondriacal melancholia, and when removed the patient's mental condition has quite cleared up.

I have seen cases of uterine, ovarian and intestinal trouble when diagnosed and treated helped on to recovery. I have noted how a carefully thought-out treatment in cases of insanity of Graves' Disease has cleared up all the mental symptoms, while the careful watching of the blood pressure and the general circulation and consequent appropriate treatment has done wonders in many early cases of rapid evolution of simple morbid ideas or affections of the emotions. I could multiply instances of the real good of properly adjusted medical treatment.

Generally speaking, I maintain that in all varieties of mental disease careful diagnosis and rightly mapped out therapeutical treatment is a great factor in the recovery rate of insanity, and one longs to see general physicians attached to every asylum in our country, as is done abroad with so much advantage.

I well remember a well-known medical superintendent, who was a most able administrator and psychologist, once telling me that he did not believe

he could diagnose a case of pneumonia and he would be sorry to have to treat such a case himself.

The following statistics, taken from the Blue books, regarding the amount spent on medicines and surgical appliances, etc., in our public asylums and registered hospitals, tells its own tale.

No doubt many private asylums and many homes for early cases could easily compare with my own personal experience, but as I cannot get at these figures I am reluctantly compelled to give my own.

Amounts spent per Annum per Patient (averaged)

	£	s.	d.
Public asylums, county and borough .	0	4	4
Registered hospitals . . .	0	10	10
My own private asylum . .	3	17	9
My own home for early cases .	17	0	0

In reading the account of an animated discussion with regard to the medical treatment in large asylums, one speaker emphatically stated that a late superintendent of one of the mental hospitals, who is now in another position, could speak as to his experience of the undoubted good of definite medicinal treatment in mental diseases.

His successor, whose friendship I value, and whose knowledge of psychology and administrative powers I admire, has to his record of expenses of medicines and surgical appliances, etc., the small amount of 7s. 4d. per annum, or only three shillings above the ridiculous figure I have given as to the expenditure in public asylums for this item.

Dr Elliott Smith and Mr T. H. Pear, in their admirable book, *Shell Shock*, state :

" It is a physical impossibility for the asylum doctor to do this [medical] work so long as the present proportion of doctors to patients remains unchanged.

" How many members of the British public realise the fact that it is quite usual for an asylum doctor to be in charge of at least 400 patients, and that this number sometimes rises to 600 ?

" When it is remembered that insane patients are even more prone than the average person to suffer from physical ailments, and that their mental disorders are infinitely complicated by the delay incurred before they come under medical care, it becomes clear that the doctor who would succeed in treating such patients individually would require titanic energy and the addition of at least twenty-four hours to each one of his working days."

The amounts I have stated as spent on medicines, etc., in these public asylums tells us clearly how little real medical work is done in these institutions.

I will admit that a variety of work is good for every man, but I am strongly of the opinion that the medical superintendents of our large asylums have far too much administrative work to do and little spare time for real clinical study of individual cases.

I well remember two medical superintendents who, while a new addition was being made to

their already too large asylums, were full of nothing else but plans, drawings of furniture and fixtures, samples of all sorts of floor-cloth, carpets, beds, blankets, colouring for the walls, types of frames for pictures, etc., all of which might be very interesting, but should have been delegated to someone else.

That dogmatic Scotsman, Dr Peter Macdonald, when superintendent of Dorchester Asylum once said at a meeting: "If a superintendent who now manages a county asylum with 2000 patients, being a humane man, says it is easy to work it, I can only tell him I don't believe it. He cannot do it. . . . I fear very much that a great many superintendents do not, as Dr Allbutt hinted, delegate certain duties to others, but keep them on their own shoulders and thereby increase their burdens."

I well remember many years ago going round the best-known mental hospital in London with my good friend and splendid clinician, Dr Yellowlees, of Gartnavel. The superintendent, now a well-known consultant, who was at that time allowed to spend many hours of his day in consulting practice, was with us. We came upon a very miserable male patient sitting by himself, and Dr Yellowlees and I, being interested in his appearance, sat down to have a chat. The superintendent gave one of his supercilious smiles and suggested we were only wasting our time, but we did not think so, and chatted away with him for some twenty minutes, and a most enlightening conversation we had.

At the end of it we joined the others, and Dr Yellowlees spoke very strongly to the "always in a hurry" superintendent, telling him that he had found out in that short time the whole origin of the patient's depression, which was, if true, quite a natural reason for his condition and ought to be remedied.

Whether anything on the lines laid down by this worthy Scotch superintendent was ever carried out I know not, but I do remember his remarks were not very graciously received, and the whole incident has remained impressed on my memory to this day.

I could give no end of similar instances of the want of individualism in the treatment of patients in large asylums, but my space is limited.

The Assistant Medical Officers

I do not want to go into the countless details so often discussed as to their status, their salary, whether they should be allowed to marry, etc., all of which questions have been thrashed out by many special committees, but I do want to put on record that in my opinion, and in that of many others, far too little time is allowed them to study the individual characteristics of the patients under their care. Far too much time is taken up by filling up papers, entries in books and other clerical work which that wretched Act has imposed upon them, and they have also, at least in many institutions, too little opportunity of

studying the symptoms of the early and recent cases.

To prove this we have only to read the very long report of the Medico-Psychological Association on this very question, from which I will quote the following short extracts :—

" Report is made that in many asylums junior medical officers are placed in charge of chronic cases only and have no duties in reference to the treatment of newly admitted cases."

" The promotion and advancement of a medical officer depends so little on his knowledge of psychiatry that he has no inducement for that reason to devote himself to an earnest study of the subject. His work is apt to begin and end with routine duties, to the exclusion of clinical and scientific investigation."

" The tendency of routine is to kill enthusiasm and destroy medical interest."

On this report *The British Medical Journal* wrote : " The facts admitted demand the earnest attention of public authorities and all interested in the welfare of the insane."

The General Practitioner

In my student days we had no lectures at all on mental medicine and it was only my personal interest in this branch of medicine that made me pay frequent visits to the wards of the Bristol asylum.

In the London and in some of the large provincial schools mental medicine is taught, but, as I have before stated, very little time is devoted to that important period of this disease—viz. the early stages, during which it is, as a rule, only the general practitioner who is confided in. Often I fear even he is not told the truth till the ailment has advanced. I know how often he is nonplussed over these cases and only too anxious to get expert help and opinion, but I fear in some instances he is inclined to dabble in the treatment of a complaint about which he really knows very little.

I have heard a general practitioner openly avow that his knowledge of the world can guide him in his treatment of these cases without any special knowledge, just as a judge will often tell a jury : " You gentlemen are quite as capable of understanding the mental condition of the prisoner as any of those medical men who have just given their evidence."

But, alas ! we often see the fatal mistake of this wrongful imagining.

I know only too well how the family doctor, who is the very confidant of every secret of his patient's family, is often kept in the dark concerning any suspicion of mental trouble in any one of the family, but I still think, unless he has had definite experience in this branch of medicine, it is always wise, when it can be done, to call to his aid in the very early stages the help of someone who has made a life study of the symptoms and treatment of these cases.

Many long illnesses and much expense might be spared by this practice!

A fairly common practice of some general practitioners is to send the early cases of mental ailment to an ordinary nursing home, where they are put to bed, all association with home, etc., cut off, where they are treated somewhat like the Strasburg goose, and the introspection is encouraged until the evolution of a simple reality or a simple morbid imagining is started and delusions soon develop.

I have been called in to a number of such cases and definitely maintain my oft-expressed opinion that this Weir-Mitchell treatment is not a wise one for the large majority of early cases of insanity.

They want taking out of themselves, they require new surroundings and new interests and carefully mapped-out, varied occupation of the mind and body.

I have seen many cases treated on these lines I so deprecate and rapidly going to grief, as equally rapidly recover under the plan of treatment I have mentioned.

CHAPTER VII

PRIVATE LIMITED COMPANIES RUNNING PRIVATE ASYLUMS.

THOUGH this is not disallowed by any Lunacy Act, the Board of Control do not like the idea, and if necessary can make rules for the full power of the medical superintendent, apart from capital expenditure. Now it is obvious that a medical superintendent whose tenure of office is probably liable to be terminated by a six months' notice is not, unless very pressed, going to quarrel with his "bread and butter," and therefore submits to be more or less under the thumb of the Board of Directors, who may be any body. I know of many facts, but will only give one.

Not so very long ago a friend of mine met accidentally the chairman of one of these company-controlled asylums and casually asked him what he was doing in the town, to which he replied: "Oh, we are having a Board meeting to select and elect a matron."

To this information my friend replied: "Surely you leave the choice and engagement of such a person to your resident medical superintendent and his wife?"

"Certainly not," was the answer.

What initiative has such a superintendent? What power has he, as he should have, over a matron that is not appointed by himself?

I maintain that directly a company take over an asylum the Board of Control should at once, without waiting to be asked, send to the medical superintendent their rules for his guidance *and power*, and no possible interference with his management with regard to the feeding of and the nursing of the patients should be for one moment allowed.

I must plead guilty to having been advised and having taken that advice to turn the asylum I was many years proprietor of into a limited company. I consulted the Commissioners before doing this and they told me that although there was no law to prevent it, and that it had already been done in Scotland, they did not like the idea, and advised me that if at any time I was handicapped by my Board of Directors I should immediately apply to them and they would make definite rules for my guidance and freedom of action as regards my treatment in every detail.

There is a tendency, particularly if the Board consists of medical men who have been superintendents of public asylums, to run such a place on institution-like lines, which I maintain are not applicable, particularly in what one wants to make a home-like hospital for the patients, a real home with home-like surroundings and comforts, and in which the " canteen system " of feeding is not introduced.

The idea that any patient who might at any odd moment want a glass of milk and a biscuit or a cup of tea, etc., should have to wait for someone in authority to sign an order has been always

most repugnant to me, and I would never permit such a rule while I had the power to prevent its application.

In any new Lunacy Act such private companies should be disallowed.

Until such new Act is brought in I think any asylum run by a private company should be so marked in the Blue books, and also that all correspondence should be headed with the address notifying that the asylum is a private limited company.

CHAPTER VIII

PSYCHOLOGISTS AND NEUROLOGISTS

Some years ago I heard a young barrister make his first attempt at addressing a jury. His client, the plaintiff, was a veterinary surgeon.

"May it please your Lordship and Gentlemen of the Jury, my client is a horse doctor. Now I may tell you that a horse doctor is a person who doctors a horse."

The learned judge, looking down at the unfortunate barrister over his glasses, quietly remarked: "Sir, so far the Court is absolutely with you."

It is really needless for me to simply state that a psychologist is one who studies, analyses and treats the phenomena of varying states of the human mind, while a neurologist studies the science and phenomena of the nervous system and treats the varying symptoms of nervous diseases.

This is a true definition, but it does not quite suffice.

The psychologist practising as a consultant from his long experience understands the importance of the knowledge of the temperament, the habits and the character of his patient in his or her normal state; he can, as it were, look ahead, scent danger, and realises the necessity of

strict supervision in many cases. He is also conversant with the Lunacy Acts, which the Commissioners in Lunacy look to him to see carried out.

On the other hand, the neurologist deals largely with objective manifestations, and is not as a rule an analyser of the mind; neither has he had any practical experience with those suffering from definite mental disease.

Now up to the middle of the eighties in the last century I think each of these branches of the profession more or less stuck to their special study.

About this time the general public were agitating for more stringent Lunacy Laws, while those of them who had insane relatives, or relatives whose symptoms warranted alarm as to the development of actual insanity, were becoming more and more loath to consult the psychologist, because their experience had been that a line of treatment was prescribed by him which necessitated, in the majority of cases, certification, and that they were not wishing to carry out.

In the meantime the neurologists, very much alive to what was happening, began to treat these incipient and even more advanced cases of mental disorders by placing them in homes in which they had some definite or indefinite interest, having them isolated from their relatives, kept in bed, fed up, massaged, etc.

In some cases this treatment answered, while in others the introspection simply rapidly started

the evolution of delusion about which I have already written in a former chapter.

To quote from Dr Helen Boyle's excellent paper, which I have referred to more than once in this book :

"Think of the innumerable cases of early mental disease, wrongly ticketed as nervous, and sent to undergo Weir-Mitchell treatment, even when, as in one case I knew, the woman weighed over ten stone.

"Isolated—bored to tears—with nothing to distract them, their minds feed on themselves, like the camel on his hump, and when the hump is blue and composed of incipient and unwholesome delusions, the result of this cannibalistic diet is far from successful."

Not recognising the danger of many of these cases, not realising the strict necessity for constant supervision, it can be easily understood why catastrophes have been of fairly frequent occurrence.

The psychologists were wild, and spoke out very freely, but the Commissioners seemed to take but little notice, and catastrophes continued to occur.

Later on the neurologists began to realise the potential danger of many of the mental cases they were treating and gradually got more into line with the psychologist, while, on the other hand, the psychologist, realising that incipient mental disease need not immediately be certified, until some form of treatment had been tried, copied, with greater strictness as to supervision and with

greater experience, the practice of the neurologist; and to-day I feel sure far more patients are kept short of actual certification and in many cases recover, than was formerly the case.

But there is always a risk, and those who treat such cases have to be very very careful lest by some accidental episode the matter comes to the cognisance of the Commissioners in Lunacy, who may or may not be in the mood to at once institute a prosecution.

That the neurologist can give many useful hints to the psychologist is perfectly true, while the long experience of mental disease in all its aspects of the psychologist makes him still more helpful to the neurologist, and thus if these two branches of the profession work hand in hand much good will be, I feel sure, the result.

I fear at present this hand-in-hand working is not carried out as it should be and one or two of the neurologists still take upon themselves the care and treatment of mental disease with little real practical experience. I could give many instances of this.

I think I am right in saying that to-day the psychologist is becoming much more a student of neurology, while the neurologist is still a stranger to the practical experience, so greatly needed, of the diagnosis in treatment of mental disease. I have recently seen some lamentable examples of the want of knowledge on the part of the neurologist.

I well remember a case which some few years ago I saw with a doctor in the west of England.

The gentleman was developing delusions of persecution, he shunned the few friends he had, he walked about by himself, he had no hobbies. He lived alone with his wife. I advised an immediate alteration of his life, and as a start suggested he should go to London for a month with his wife, see some of his old friends, go to theatres, etc., and have a good time. He agreed to this, and we decided on a new kind of social life when he returned home.

Well, he went to town. Almost at once some kind friend (?) advised him to see a well-known neurologist. He made an appointment, was seen and examined, but apparently his mental symptoms were taken no notice of. He was at once advised to go into a nursing home which the specialist strongly recommended, for which he would have to pay a big weekly sum; he was to be isolated, kept in bed, fed up, massaged, and the doctor was to see him three times a week and give him intra-muscular injections, etc., at, no doubt, a large weekly fee.

The patient said he must consult his doctor before he decided to take his advice, partly, no doubt, on the ground of expense. The doctor at once rang me up on the 'phone, telling what had happened and asking my opinion. It was short, sharp and decisive. "No, no, and a thousand times no. Such a line of treatment will lead to disaster." So it was at once knocked on the head. My programme was carried out, and he got much better and remained much better for some years.

I have no hesitation in saying that if this specialist's advice had been taken the patient would have soon been an inmate of an asylum.

It was an instance of the utter want of knowledge of mental disease which some of these neurologists have.

CHAPTER IX

CRIMINAL RESPONSIBILITY OF THE INSANE

This is a most important matter and cannot be dealt with in a short space. I think it best to divide the subject into two parts:

1. Minor offences, such as indecent exposure, setting fire to ricks, breaking windows, kleptomania, etc.

2. Murder charges.

With regard to the first, I have long ago urged that in these cases the surgeon to the police, unless he is well up in the subject of mental disease, should call to his aid a specialist. The large proportion of these acts are committed by the feeble-minded or those who from some cause, physical or otherwise, have had the affective side of their mental nature perverted.

Prison or punishment has but little effect on these unfortunates and, as I stated in my evidence before the Royal Commission to inquire into the question of the feeble-minded, these cases should be sent to a penal colony under medical charge, and made to at least partly earn their living by work of various kinds, while at the same time education and definite treatment should be tried for their betterment.

Time after time this class of prisoner comes before the Bench and is sent to prison for a short

term, only to come out and commit the same offence within a very short period.

The Mental Deficiency Act and the Borstal system has done much for this class of case, but the short period of detention is to my mind useless.

I well know the difficulties in the way, and one of the greatest is to get the mind of the law to appreciate what is meant by moral insanity, as first so clearly explained years ago by the late Dr Prichard, whose descendants I knew so well. The legal mind cannot grasp any form of insanity except that which affects the intellect. They do not realise, or won't realise, that the affective side of our mental nature, which consists of the wide range of the emotions and that important part of our mentality, the will, may be just as much perverted and diseased as the higher portions of our mentality.

Even if the police surgeon points this fact out, it is not every magistrate who will listen to it, and away the unfortunate mental degenerate goes to a prison, which is exactly the wrong place for him or her.

Capital Charges

I have long argued with judges, barristers, solicitors and others that I have never been able to understand why, when we have grades of punishment given in the Criminal Courts by our judges for all sorts of grave offences, such as burglary with or without violence, forgery,

bigamy, etc., there is only one punishment given by the judge for murder, and that is death.

Think for one single moment of the difference between the cold-blooded, calculated murders of Crippen, Lamson, Dougal, Wainwright, Pritchard and Seddon—only to give a few names of this class of murderer—and then carry your mind to the many who have had the same sentence pronounced upon them for murder originating in a sudden impulse from some strong emotion, such as anger, jealousy, etc.

Can we say that there is not a wide and deep difference between these criminals?—and yet if found guilty the scaffold claims them all.

I have never yet had a reasonable answer given me.

My suggestion has always been that in directing the jury the judge should grade the crime and the jury place by their verdict into which class the murderer should be put, and then it would be for the judge to decide the punishment. It may be said: "Oh, but after all, even if the death sentence is pronounced, it does not mean that every condemned prisoner goes to his death." That may be so; but why should justice be meted out in the condemned cell and not in the Criminal Court?

With regard to insanity as a defence to the capital charge of murder, I am not going to attempt to recite the history of the law from the earliest day, when this defence was first brought forward. A study of this is most interesting, and well described in that good work, *The Insane and*

the Law, by my two friends, Dr Percy Smith and the late G. Pitt Lewis, Q.C.

I am commencing with the celebrated trial of MacNaghten in 1843.

He had laboured for years under delusions of persecution. He had invoked public authorities and magistrates and begged them to protect him. Finally his mind centred on Sir Robert Peel as his arch-enemy and he watched his house for days.

At last, mistaking his secretary, Mr Drummond, for Sir Robert Peel, he shot him dead. He was brought for trial at the Old Bailey, before Chief Justice Tindall, Mr Justice Williams and Mr Justice Coleridge, on 13th March 1843.

The then Mr Cockburn (afterwards Sir Alexander Cockburn) was his counsel.

The plea of insanity was successful and he was acquitted.

This verdict excited great public alarm. Questions were asked in the Houses of Parliament.

The Government proceeded at once to appoint certain judges to propound answers to questions with regard to the law on the subject of insanity when alleged as a defence in criminal trials. The answer these judges gave constitutes the law of England and has been applied since that date.

Into the details of these answers I will not go, but will endeavour to sum them up in one simple question which the judge puts to the jury :

" *Was the accused at the time of the commission of the act labouring under such a defect of reason or disease of mind as not to know the nature of the act or that he was doing that which was wrong ?* "

No one can complain that this ruling is not definite enough. It is its very want of latitude that brings it under condemnation, and though it may seem paradoxical to say so, it is this too defined ruling which has almost made the sentencing to death of an insane prisoner depend upon chance, or, as the late Dr Maudsley in his well-known book on this subject puts it, " a toss of a penny," heads you die, tails you go to Broadmoor.

It was at the annual meeting of the British Medical Association in 1894, held in Bristol, with my dear valued friend and teacher, the late Dr Edward Long Fox, as president, that I was honoured by being asked to open a discussion in the psychological section, presided over by another old friend, Dr Nicolson, C.B., then superintendent of the Criminal Asylum, Broadmoor, on the subject of " The Criminal Responsibility of the Insane."

For the first time in the annals of the British Medical Association barristers and lawyers were admitted and invited to join in the debate, which was an animated one. The outcome of this was that a committee was elected to confer with the Parliamentary Bills Committee of the Association and with the Committee of the Medico-Psychological Association to consider the best method of obtaining the earliest possible action of the House of Lords, or any other means they may deem advisable.

On both these committees I sat, and the outcome of their deliberation shall presently be related. A resolution proposed by myself and

seconded by Dr Mercier was passed unanimously, and read as follows:—"That in the opinion of this meeting the present law relating to the defence of insanity in criminal cases, as laid down by the judges in 1834, is not in accord with modern mental science and should be reconsidered."

Long leading articles appeared in many of the London and Provincial papers and in *The Times* a correspondence was kept up for some weeks.

Out of the mouths of some of the highest administrators of the law this "knowledge of right and wrong test" has been condemned.

Does it then require that we in our branch of medicine should still further prove its condemnation by logical deductions from our practical experience with mental disease?

Yet this law relating to the plea of insanity as a defence still remains—a law made not from any practical experience with mental disease, but simply a law made by lawyers, or rather judges, who never called to their aid those with many years' experience of insanity. I will admit this ruling is now given a much wider reading by *some* of our present-day judges, but others still hold to it and definitely place this narrow-minded dictum before the jury and still limit the evidence of mental experts in the witness box.

Collier, the American writer, in his book, *Germany and the Germans*, heads one of his chapters "The Land of Damned Professors"

Are we not a land far too much governed in every department of our social life by the legal element? I should not like to head one of my

chapters "The Land of Damned Lawyers," for although we have suffered much from their ruling, we cannot gainsay that some of our best men in our Government during this terrible war have been of the legal profession.

Let us ask any of the administrators of the law in these criminal cases to walk through the wards of any large asylum and, excluding the idiots, the imbeciles and many of the chronic dements, speak with all the inmates, and one can with confidence assert that they will find comparatively few of whom it can be truthfully said that they have no proper knowledge of right and wrong. They will see cases of general weakening and deficiency of the intellectual powers, of the will and of the control of emotions, and yet be capable of knowing right from wrong. They will see patients whose minds are full of delusions, hallucinations and illusions of some or even all their senses, and yet have this specific knowledge of right and wrong. They will be pointed out patients who are at times the subjects of transitory fury and of whom if the medical superintendent was put on his oath he could not affirm that they did not know they were acting contrary to the law of the land. They can be shown one patient who reasons insanely on sane premises, while another will base his insane reasoning on insane premises, and yet will all have that knowledge which makes them, in the eyes of the law of this land, responsible beings. They can see a patient suffering from mild epilepsy who, after an attack of what may seem

only a slight faint, will do the most extraordinary and intricate things while in a state of what we call mental automatism, and during such a state be absolutely unconscious of his actions.

How they would alter their opinion of the ridiculous ruling of these four judges! How they would, I feel sure, agree with us that this untrue, misleading ruling should be eliminated from our criminal law and each case be judged on its own merits, and the experienced mental expert be allowed to give his opinion of the individual case without the chance of being pulled up by the judge and told that the one question he has to answer is: "Did the prisoner at the time he committed the act with which he is charged know that he was doing wrong, and did he appreciate the punishment that would assuredly await him when put on trial?"

The most striking case to prove the fallacy of the MacNaghten ruling by those four judges took place some years ago at the Taunton Assizes, presided over by that very dictatorial, deaf old judge, the late Baron Field.

I was one of five mental experts in that case and it is well worth fully being described.

The Queen *v.* H.

(*Taunton Assizes, 22nd November* 1887, *before the then Mr Justice Field*)

No one who was present at this trial can ever forget it. There in the dock stood, or rather

crouched, a pitiable object. His attitude, his facial expression, his semi-idiotic stare all proved his mental deficiency. The prisoner's counsel, Mr T. Bucknill, Q.C. (the late Mr Justice Sir Thomas Bucknill), with whom was Mr Charles Mathews (now Sir Charles Mathews, the Director of Public Prosecution), disputed none of the facts the prosecution disclosed. The prisoner had undoubtedly shot his sister while she lay in bed.

The tragedy had been premeditated, as the letter he wrote before the act so clearly proved :

" I leave everything that belongs to me to my dear mother. I have been treated so badly by my sister C. that I feel I must put an end to her life by shooting, and knowing that I shall have to die for it I also shoot myself. Good-bye to all, hoping you will have a happy time of it. Good-bye, dear father and mother."

And his motives—his poor sister had passed him in the street without taking notice of him ; she had forgotten to hand him the Bristol paper across the breakfast-table.

Near the judge sat a number of mental experts, all ready to go into the witness box and give evidence. Of what ? Not of his want of knowledge of right and wrong ; not of his want of appreciation of the punishment which would follow his criminal act—for how could they attempt such a task in the face of that letter ?

Their evidence would have been that he was a hopeless epileptic imbecile and could not possibly in the light of mental science and common-sense

and humanity be held responsible for the gruesome deed.

One of the medical witnesses was Dr F. Needham (now Sir F. Needham, the senior member of the Board of Control, but then the superintendent of Barnwood House Registered Hospital, Gloucester).

He had been sent down by the Treasury to examine the wretched prisoner, but the prosecution, having found out that his evidence was for and not against the plea of insanity, did not call him! I know what the prisoner's counsel felt regarding this attitude of the Treasury, and I know how bitterly Mr Charles Mathews spoke about it, and I often wonder if he in his new position remembers this trial and has, since he has been in power, prevented the existence of such a state of things.

The defence put Dr Needham at once into the witness box and the counsel for the prisoner started to examine him. The moment the judge heard the word "opinion" he stopped the witness's mouth, saying he would have no opinions in his Court. It was pointed out that here was a Crown witness specially retained as a skilled person, and that he could not give facts without drawing the necessary skilled deduction from them. All to no purpose. Dr Needham left the box and has since placed it on record that as he walked down the steps he felt very much as if he had been helping in one of those indecent exhibitions which are said to have occurred in Judge Jeffreys' Court of long ago.

The other expert witnesses were treated in the same way.

The counsel for the prisoner made a most impassioned speech for the defence. The summing up commenced: "The law, and nothing but the law, of the judges in 1843 was laid down in the most definite and impressive manner." And at the end of the determined and powerful oration, sounding wondrously like the speech of a prosecuting counsel rather than a calm judicial review of the facts of the case, the jury were left to consider their verdict. Thanks be to the commonsense of those Somerset men, it did not take them long. Before they had given their verdict it was noticed that the judge had "the black cap" ready.

The foreman was asked for the verdict and it was promptly given: "Guilty, but insane." In angry tones the jury were dismissed from further duty, and the wretched prisoner left the dock—not to be taken to the condemned cell, there to await his death on the scaffold, but for the gates of the more merciful Broadmoor.

Could any case that has ever been tried so prove the absurdity of the dictum of those four judges in 1843?

It was some years afterwards, when I was visiting Broadmoor, where there were several murderers in whose defence I had given expert evidence, that I asked the superintendent about this poor fellow, and I heard that only that very morning he had hanged himself in his room. And why? Because the attendant had insulted him by giving him the wrong kind of tobacco.

When I think of this case my mind takes me back to a trial for murder before Mr Justice Bray some ten years ago at the Bristol Assizes. What a contrast of justice!

The prisoner was accused of murdering his wife. The story was a sad one. I had had a long interview with the prisoner at Horfield Jail and was convinced from that interview and the man's past history that he was insane and the crime the definite outcome of his insanity. I was put in the witness box, examined and cross-examined, and then the judge himself asked me a few pertinent questions. Looking down to the counsel engaged in the case, he said: "Need we have any more evidence?" The prosecuting counsel left himself in the hands of the judge, who at once summed up, directing the jury to bring in a verdict of "Guilty, but insane."

In my evidence when asked the question if I believed the prisoner knew the difference between right and wrong at the time he committed the act I gave a guarded answer, though I was emphatic in my *opinion*, which the judge allowed me to give, that the prisoner was insane, and I gave the facts which made this conclusion so patent to my mind.

Now, if not overloading this chapter, let me give two more cases of the charge of murder in which the defence was insanity and the remarkable sequel to them.

So far this sequel has never seen the light of day, but as the worthy judge is dead, and as this sequel has always made me think most kindly

of him, I have no hesitation in recounting the facts.

It is some years ago, but the circumstances are clearly in my memory.

A poor fellow, a blacksmith's assistant, had been committed for trial for the murder of his wife and baby and was in Shepton Mallett Jail awaiting his trial. The Treasury had been approached by the defence for permission to have him examined by a mental specialist in order, if possible, that the defence of insanity could be pleaded. They consented, and I was asked to see him.

I had a long interview with the prisoner and evidence placed before me which would be produced at the trial.

The circumstances of the crime were as follow: He had been living with a young woman and when she had her first child he decided to marry her. He was devotedly attached to her. He had taken and furnished a little cottage, and after spending a happy wedding day they retired to bed. Early in the morning he discovered his wife dead by his side with her throat cut. He had no recollection of doing this deed, but found a kitchen knife, which he must have fetched in the night, by his side. He was horrified, and realising what he had done and the consequences of his act, he determined to kill himself, but before attempting this he decided that his orphan baby had better lie by the side of her dead mother, and so proceeded to kill the poor little thing. His life was spared by a neighbour coming in to go to work with him.

His history was to my mind very clear. He had been for years subject to slight epileptiform attacks, after which he would often do the most extraordinary things without any knowledge of his actions, evidently in a state of mental automatism. He would be working in the blacksmith's shop and after a slight attack, which seemed only a slight faint, would drop his hammer down and go out and would not be seen for two or three days. When he came back he would proceed with his work as if nothing had happened and would have no remembrance of where he had been, where he had slept, or how he had obtained food.

This sort of thing had taken place on several occasions during the past twelve years. There was no history of drink.

He candidly confessed he knew what he was doing when he killed his baby.

I made a lengthy report, after having definite confirmation of what I have above described, and this report went up to the Treasury.

The prosecution called in the medical superintendent of the county asylum, who apparently quite overlooked this strange but not uncommon mental condition, and made his report that he believed the prisoner was under the effects of drink at the time, though there was not a shred of evidence to bear out this idea.

The trial came on at the Wells Assizes before a judge who died some years ago. He was noted for his antipathy to the plea of insanity, and my brother, F. E. Weatherly, who was the

counsel for the defence, felt very doubtful as to the success of the plea.

I was not in court when the indictment was read to the prisoner.

I went into the witness box, and having rehearsed question and answer, as was my invariable custom with counsel, I rapidly began to give my opinion and view of his mental state when he killed his wife.

Before I had proceeded far the judge stopped me, saying: "Dr Weatherly, do you know what the prisoner is indicted for?" To this I replied: "Yes, my lord; for the murder of his wife and child." "I beg to differ with you, sir; he is not indicted for the murder of his wife, but only for the murder of his child."

I could hardly believe what I heard, and when my cross-examination began I was not questioned at all as to the prisoner's condition when he murdered his wife, but only as to his state of mind when he killed his child.

I left the witness box with little hope of the plea being successful.

I was feeling so undone that I left the court hardly believing I was living in a land of justice.

When I returned I heard that the medical superintendent had broken down in his rebutting evidence and had to admit that there was not a particle of evidence of drink in the case, but that my brother had got him to admit that there was such a condition as mental automatism after an epileptiform seizure.

The judge summed up dead against our plea,

but the jury ignored all he said and brought in the merciful verdict: "Guilty, but insane."

It was in angry tones the jury were dismissed.

Within a week I had to give evidence before the same judge in a murder case at the Gloucester Assizes. It was a very extraordinary case and deserves being recorded.

A young boy of seventeen had when he was sixteen met with a serious accident by being run over by a heavy van, which resulted in a crushed kidney, for which he was in hospital for some time. On his recovery it was noted his moral nature had entirely changed, as often happens after abdominal injury or abdominal operations.

He was dismissed from his situation, but he did not tell his mother this. He wandered aimlessly about the country cutting sticks, and as he had a number of pigeons he would sell these from time to time and bring home the money, as if he was still at the shop earning wages.

One dark winter afternoon while in a public-house having some bread and cheese a farmer came in and after a chat and on finding he was going to Bristol offered him a lift in his cart.

A few hours afterwards the horse and cart reached home, but no farmer in it. Search was made and his dead body was discovered in a lane with at least thirty wounds in the body, evidently the result of stabs with a knife. No money was missing or anything, and the murder was a perfect mystery.

The boy had gone home, had sold some more pigeons to a neighbour and then after some supper

went to bed. In the morning he got up, had his breakfast and left, and for some days nothing was heard of him. At last he gave himself up to the police at Birmingham and confessed to the murder.

He had a Bible on him with marks against the word "blood" in several places. He had also written a lot of quite insane rubbish, using the word blood frequently.

I was asked to see him and make my report.

I went most carefully into every detail of his history and his strange mental condition some days before the crime. He was quite candid with me as to having stabbed this poor man, but could give no reason why he did it, but kept saying he saw nothing but blood.

I was most emphatic in my opinion that the boy was insane, and so reported.

Unfortunately the case was called directly after the judge's address to the Grand Jury and I had no chance of seeing the counsel for the defence, who, I will admit, put me questions in a way I should never have suggested he should have done had I had an interview with him, as was my invariable custom.

The judge was absolutely rude to me, jeered at my opinion and practically laughed my evidence out of court.

A medical superintendent of a neighbouring asylum who had seen the prisoner the day before the trial declared him to be of sound mind and quite capable of knowing right from wrong and with a full appreciation of the nature of his act and the punishment that awaited him. The

judge summed up strongly against our plea and the poor boy was sentenced to death.

We did our utmost to save him from the scaffold, and on the ground of his age his sentence was commuted to penal servitude. I may here say he soon became a confirmed dement, fully proving that I was right in my diagnosis.

And now for the sequel.

Within three days of this trial I was called to see a very near relative of this very judge. He had been thought by the judge to have been reckless, through drink. *Insanity was never suspected.* I had to tell his relatives a different tale, and that what they thought was the effect of drink was really general paralysis of the insane and that he would probably not live three months. He died in acute delirium within that period.

I had a most kind letter from the judge asking me to see him when I came to town. At his request I called to see him at the Law Courts in the luncheon interval. I was in his room when he came in from the court in his scarlet robes and ermine with his usher. He immediately shook my hand and asked my forgiveness for his rudeness at the two trials I have related. He confessed that the plea of insanity had always been like a red rag to a bull to him, but that he now had the truth of what insanity was brought home to him. He expressed a hope I should again appear before him, when he assured me he would treat my evidence differently, and he finished by saying in earnest tones : " I know *now* that I have sentenced many an insane person to death."

This judge resigned very soon after our interview, but I have never forgotten his words and I hold his memory in sincere remembrance.

I was once placed in a very awkward position with a case of attempted murder. A gentleman of good position had become the subject of hallucinations of hearing, and unfortunately the imaginary voices took the tone of the voice of one or two friends, and were always insulting in their conversation, or accusing him of various actions. He was nearly driven to desperation on more than one occasion. At last, hoping to mitigate this wretched condition, he took to alcohol, which not only made matters worse, but lessened his controlling powers.

There was, as far as I know, only a friendship of a platonic nature between him and a female who kept a flower and fruit shop, and he would often call in on his way to the city and have a chat.

It was her voice that began to haunt him just before I was called in. She appeared to be accusing him of the most vile conduct and threatening him with exposure.

The poor fellow walked about the streets all one night; and there is no doubt he at last determined on having his revenge on this female and then ending his life. Directly the shop opened in the morning he went in and after a few angry words stabbed the unfortunate woman in the chest. He was at once arrested and his victim taken to the hospital, where she recovered. I was sent for the same day and saw him in his cell

at the police station within a few hours of the commission of the deed. He was clearly suffering from hallucinations of hearing and delusions of persecution. The magistrates kindly allowed me to give evidence before them, and so my evidence got on the depositions.

He was committed to the next Assizes held at Bristol on the charge of attempted murder.

It was at least two months before the date of Assize.

If I remember rightly, Mr Coleridge (now Lord Coleridge, Judge of the High Court) prosecuted, and the late Sir Thomas Bucknill defended.

After the evidence for the prosecution I was put in the box and immediately after my evidence the judge asked the counsel to come into his private room. In a very short time they returned into court and to my surprise the judge at once addressed the jury, telling them to bring in a verdict of "Guilty, but insane," which they at once did. He then said he had decided that on myself and the prison surgeon signing a certificate that the prisoner was of unsound mind, he would see that the relatives sent him as a private patient to the Bristol Borough Asylum, adding that as he believed the prisoner, under care and treatment, would soon recover, he should not send him to the Criminal Asylum. I went with the prison doctor to examine the prisoner.

To my surprise I found him practically quite sane. The shock of the deed, the arrest, the trial before the magistrates, the hearing of my evidence and the simple life without alcohol had apparently

cured him. What were we to do? He was quite willing to go to the asylum as a voluntary boarder, but as the voluntary boarder clause did not apply to a public asylum, that plan was impossible. So the prison doctor and myself had to make the best we could of the facts observed by ourselves, and obtained the facts observed by others from the prison officials who had looked after him from the time of his being sent to Horfield.

The superintendent of the asylum fully realised the position and after about a couple of months at the asylum he was discharged recovered. I never heard that he relapsed.

This case clearly shows how a murder may be committed in a temporary state of insanity, which state of mind fairly quickly clears up, and I have often wondered how many insane murderers recover and what is done when it is clearly proved that they are well.

This is a secret carefully kept, but one can only hope, after a careful trial of more liberty, if the recovery seems to be a permanent one, that these persons regain their freedom.

What becomes of the women who commit infanticide in a state of puerperal mania and recover? Are they kept for a long period at the criminal asylum? We are never told.

In concluding this chapter let me refer to the committee appointed in 1894 to consider the best methods of obtaining the earliest possible action of the House of Lords to alter the ruling of those four judges, etc.

That committee was presided over by that

courteous ex-superintendent of Broadmoor, the late Dr Orange.

We met several times and, as I thought, finally decided not to recommend any definite substitute for that ruling, but to have it banished from the law of the land and each case to be judged on its merits and greater latitude given to the expert witnesses in giving facts upon which they might reasonably give a definite opinion, not whether the prisoner at the time of committing the act knew the difference of right and wrong and the punishment that awaited him, but whether he was of definite unsound mind and the crime for which he was charged was the outcome of such insanity.

Before the report was finally drawn up I was taken ill and was absent from the last two meetings. Dr Orange was also taken ill, and another chairman, the late Dr Connolly Norman, took his place.

I heard nothing further until a few days before the meeting of the Association when the report was to be presented. To my astonishment I found that the Committee, urged I think principally by that clever-brained Dr Mercier, had altered their opinion and their report suggested practically nothing but contentment with the present condition of the law and the mode it was dealt with and interpreted by the majority of judges then presiding over our Criminal Courts.

That of all men on that committee Mercier should have "ratted" surprised me, for he had been from the first one of my chief supporters,

and to this day I cannot conceive what made him so alter his mind.

The meeting took place and was a crowded one. The report was read, and then a resolution was proposed and seconded that it be adopted.

I did not hesitate for one moment, but jumping on my feet and catching the eye of the president, metaphorically speaking, I tore that report to pieces. An amendment was proposed and seconded and carried by an overwhelming majority, and the report was ordered to lie on the table, where no doubt it is to this day, covered with the dust of "self-satisfaction" and "do nothing policy" so constantly exemplified in much that is attempted in this dear old land of ours.

I will readily admit that the judges of the present day take a much wider reading of the MacNaghten case dictum, but some of them still direct the jury very much on the lines of that false ruling and not every judge of to-day gives the mental expert sufficient latitude in giving his evidence. Still insane prisoners are sentenced to death, and though far fewer go to the scaffold than formerly, some still are hanged, while those who escape have justice done to their case, not in the court, but in the condemned cell, and that is what I will never agree is right or just.

Personally I shall never be contented until this illogical, untrue and unscientific ruling has been expunged from our criminal law.

Mercier may write volumes of cynical, clever sarcasm, and pat himself on the back that justice is now always meted out to every insane criminal,

but I shall still oppose his view and decry his opinion, and many of the so-called facts he bases that opinion on.

A few months ago an officer was indicted for murder. At his trial the plea of insanity was put in. Two well-known mental experts gave evidence, one for the plea and one against it. The judge propounded the ruling of those four judges in 1843 and the experts were cross-examined to a large extent on the lines of that ruling, which much narrowed their evidence.

In not one of the reports I saw was a mention made of the evidence of the surgeon to the jail, who had had the prisoner under his observation for many weeks. Why he was not called can only be conjectured. The judge summed up strongly against the plea of insanity and the officer was sentenced to death.

Only a few days before the date of his execution another mental expert was sent down to see him, and he was reprieved and sent to a criminal asylum. Another instance of justice in the condemned cell, but injustice in the Criminal Court.

I have wondered if the evidence of the prison surgeon, which was not given in court, helped to save this man from the scaffold!

Mercier in his recent writings on this subject declared that the reason why an insane prisoner is sentenced to death and then found to be insane in the condemned cell is simply due to the fact that evidence is given in the condemned cell which was not given in the court.

Oh, dear me, fancy this clever mind not

realising that it is this very law laid down by those judges in 1843, untrue in fact and utterly unscientific in meaning, which prevents the evidence being given in court, under certain judges, but which can be given in the report from the condemned cell, and yet Mercier still is satisfied with the law as it stands.

Well, I cannot waste my time in attempting to argue with such a mind, however clever it may be. If I have not got much ability in the ground floor of my mental house, I bless myself that I have some little common-sense in the attics.

CHAPTER X

TESTAMENTARY CAPACITY

I HAVE been asked to make a few remarks on this subject, as some mental experts and general practitioners who have had to give evidence in disputed will cases have not always been satisfied that justice has been done.

It is very difficult to upset a will, either on the ground of mental incapacity or undue influence, and yet we who study departure from mental normality, however slight, are satisfied that some wills which have been allowed to stand have not been made with an unbiassed understanding.

A person to be capable of making a will must have what is legally called "a disposing mind" —that is to say, a mind which understands the nature of his or her property, the extent of the power of disposition, the nature of the act to make a will, or a new will or a codicil to a will, and is in no way biassed by any abnormal imaginings in such will or in any alteration to an existing will, and is able to clearly state the reasons for such will or new will or codicil to an existing will.

A mental expert who examines a person's mental condition prior to making or altering an existing will should be careful to go into all these points.

The Court naturally requires the most ample evidence before any will can be upset.

Just let me state a fact that is not generally known—viz. that a Chancery patient or a certified patient may be of "a disposing mind" and may be capable of making a sensible and reasonable will.

I have had such wills made by patients of long-standing definite insanity which were so sensible, so reasonable, that the Commissioners in Lunacy have not hesitated to affix their official stamp to such a will.

On the other hand, I have known persons who, while knowing the extent of their property and the nature of the act they are contemplating, have given reasons for alteration which have been proved to be the outcome of definite delusions.

Again, we have seen persons who, while they have had an apparently disposing mind and have been able to give reasons for alteration of a will which have seemed correct and reasonable, according to the statements made by the person making the will, or by those about them, yet when further evidence has been forthcoming we have been brought face to face with the fact that the person making the will has been wrongfully biassed and has made alterations in accordance with a belief that certain persons who were legatees under the old will were plotting against them and trying to do them harm, these statements having clearly been made with an ulterior object.

Under this category come those persons who, while not insane, were "facile" and easily in-

fluenced, maybe by reason of old age, consanguinity, etc.

It is therefore clear that any mental expert called in to see a patient should try his utmost to satisfy himself on these points.

It is not an easy matter and it sometimes happens that after he has been satisfied that all is in order he has evidence brought to his knowledge that the reasons given by the person making the will for such alterations are not true in substance and fact.

I will give two instances bearing on these points of my own experience.

1. Some years ago I was called in late one evening to see an old Roman Catholic lady who was about to make a new will.

I found her solicitor and her two sons in the house. They informed me they were satisfied that her mental condition was such that she ought not to make a will, which, according to her instructions, would have been most unfair. She wished to leave all her property to the Roman Catholic Church, cutting out her only two sons.

I had a long chat with the old lady, who talked most coherently, knew the extent of her property and gave me her reason for altering her will and dispossessing her two sons.

She informed me that she had evidence that lately they had been interfering with her banking account, had forged cheques and had taken out a large sum which was on deposit for their own use.

She appeared to be most definite and clear on these points.

When I came down to the dining-room and had an interview with the solicitor and sons, and told them all I had heard, they with one accord said: "Well, doctor, you will have no difficulty in at once making a report that our mother is insane and ought not to make a will."

They seemed astonished and indignant when I remarked that I must prove that her statements were devoid of foundation before I made the report they desired.

I obtained the lady's consent to investigate the matter and the next morning I called at her bank, and found, as I quite expected, that her accusations against her sons were absolutely untrue and were delusions. I had no hesitation in making a strong report as to her insanity and incapability of making a will. In a few weeks she died, and as her solicitor had tactfully put off making a new will, the original one was proved and justice was done.

2. A gentleman who had recovered from a mental breakdown, under my care became physically seriously ill a few months after his discharge and was undoubtedly in a condition to be easily influenced.

I saw him while he was ill.

After his death it was found that while he was ill his son who was with him had induced him to alter his will, leaving a larger sum to him than to his other brother, about whom he had evidently been making very disparaging remarks. This brother was abroad at the time.

The will was disputed and I was subpœnaed to give evidence.

We had a consultation before the case was tried and after hearing my evidence a compromise was arrived at and the case settled "on terms."

I had another similar case of evident undue influence which was also compromised.[1]

There have been will cases during the last few years the results of which have astonished many, and a number of mental specialists are of opinion that justice has not always been done in these cases.

How the law can be altered I should not like to attempt to explain, but that some alteration is necessary I think is admitted by many.

Personally I think the evidence and opinion of mental experts should have much more weight attached to it than is now the case.

[1] For further remarks on undue influence, see Appendix, p. 237.

CHAPTER XI

SUGGESTIONS AS TO REFORM

While all my previous chapters have been more or less destructive, I am hoping to make this, my last chapter, of definite constructive value. It is, as will be readily admitted, easier to pull down an insanitary house than to erect in its place an up-to-date modern building, fully equipped and with every modern advantage. In our case it is still more difficult, as many existing condemned buildings must still stand, and we can do little with them. We cannot scrap our unwieldy barracks of asylums and replace them with a class of buildings many advocate and many other countries far in advance of England have long adopted. Something, however, in every destructive showing up in this little book may be done, and I will attempt to advance my views, backed up by many opinions of well-known mental physicians, over a period of some twenty-seven years—voices so far that have "cried in the wilderness" and had no answering reply.

I shall take chapter by chapter, so that as far as possible each subject is kept distinct and separate.

(*a*) The Public

I have tried to show the evolution of public opinion from the days when they took little or no notice of the insane, when they allowed them to

be brutally treated, and made these unfortunate sufferers into " shows " to be visited, as one to-day visits our Zoological Gardens, to the days when they suddenly woke up to the iniquity going on and clamoured for better legislation. I have shown how later the public mind began to take up a position of unreasonable and wholesale suspicion of everybody who had to treat mental diseases, and how they agitated until they succeeded in getting the Lunacy Act of 1890 passed — an Act which to-day stands loudly condemned; an Act which has done much to handicap the recovery rate, overwork the medical officers of asylums, and which a superintendent only yesterday wrote me and described as effete and more like prison rules than an Act dealing with the treatment of an ever-increasing disease.

It has been said by Sir Frederick Needham that it is only by the agitation of this same public that any alteration can be hoped for.

How are we to bring this about ?

We must first of all do all in our power to rid the mind of the public of the idea that mental disease is any more of a stigma on the family, than consumption, syphilis, cancer, small-pox, spotted fever or many other diseases.

With regard to the idea that mental diseases are a " stigma " upon a family Dr Bedford Pierce writes very truly[1]:

" It seems clear to me that these prejudices are

[1] *The Absence of Proper Facilities for the Treatment of Mental Disorders in their Early Stages.* By Bedford Pierce, M.D.

independent of any reasoned explanation and are due to traditional beliefs. That our lives are greatly influenced by these is not open to doubt. Superstitious notions are implanted in our minds from our earliest years. Old wives' tales are repeated by servants and casual visitors, and are eagerly listened to by the young, and it takes many years to destroy their influence, and indeed many such beliefs so acquired form a permanent part of our mental furniture. The origin of many such notions may be lost entirely, but I think in the present case these prejudices about insanity are directly descended from mediæval beliefs about evil spirits and demoniacal possession. . . . I would therefore suggest that the unreasoning prejudice against the insane, the supposed stigma that attaches to insanity, really at bottom depends upon a survival of the superstition that mental disease is due to evil spirits. I know of no remedy for these erroneous and cruel views but the gradual enlightenment of the public."

This is only too true, but how are we going to enlighten the public ?

I see that we are soon to have a Ministry of Health, and I would suggest that such ministry might insist that part of the school curriculum consists of lectures on social science, which includes the great question of health.

It was in 1857 that Lord Brougham initiated a society called " The National Association for the Promotion of Social Science." Up till 1884 this Association held annual congresses in the large

towns of this country, and " health " was one of its sections.

Why this much-to-be-desired education of the people was given up I have not been able to find out. I feel, however, very strongly that in every school curriculum in the higher classes of the school this question of " health " should be introduced. Many things appertaining to health might be, with the greatest advantage, touched upon, and among these surely efforts might be made to rid the young mind of any false ideas of mental ailments and make them understand that there was really nothing more to be ashamed of if any one of their relatives had anything the matter with their brains than with any other part of their body. This would be an education which would not only benefit the younger generation, but be of value to their elders, and might be one way of enlightening the public on the lines we so desire with regard to mental diseases.

Political and social science is taught largely in Germany, and we may take a lesson from that now hated country on many points to our advantage, with, however, the fervent hope that our Government will never allow the universal adoption of any school book with such pernicious teaching as that of the deaf historian, Treitschke, who, in the words of Professor Smith in that wonderful book, *The Soul of Germany*, instilled into the minds of the students in his history, which was universally used in the schools of that country : " Every Power has the right to declare war whenever it chooses, and as treaties are

cancelled by a declaration of war, so every state can get rid of its treaties."

Can one wonder when one reads those words that the German people of to-day look upon treaties as "scraps of paper"?

Teach then, I again say, a simple, clear knowledge of "health" in our schools, and much real good may be the outcome, and maybe help towards getting rid of this harmful idea that mental disease means a stigma on the family.

Of one thing I am convinced, and that is, that the words lunatic, lunatic asylum, mad-house and even the word asylum should be expunged. We call a hospital for consumption a sanatorium; we call hospitals for infectious cases infectious hospitals; why not call all institutions for the insane public registered and private mental hospitals?—or perhaps, better still, hospitals for brain and nerve diseases, or hospitals for brain diseases?

Dr Bedford Pierce dislikes the words mental hospitals, but suggests nothing in their place.

I feel certain the words I wish expunged from all Lunacy Laws are most harmful and keep up this idea of "stigma" on the family among the general public.

Then I would suggest that the Board of Control publish, not yearly, but every quarter, some short statement in the public Press to the effect that all institutions for mental diseases are properly managed and that no case has come to their notice of any sane person being illegally detained, as the Blue books tell those who care to search, year after year.

I do not believe the general public, who have agitated to get the Lunacy Act of 1890 passed, ever take any interest in the few words we find in a few papers, principally the medical papers, giving a short account of the Blue books of the Board of Control.

Much greater publicity should be given these, and a quarterly statement as suggested would entail little trouble and would, I believe, do much good.

Further even than this, I think the Board of Control should emphasise in the public Press their desire for an alteration in the law in relation to the early treatment of mental cases.

They have been agitating for some reform for twenty-seven years, and they even agitated while the present Lunacy Act was being passed, but nothing has been done. Clauses dealing with this important point on more than one occasion have been nearly passed, but have been shelved, and the reasons given for this neglect of an urgently needed reform have been most unsatisfactory.

I want to make it clear to my readers that I do not desire the public to agitate to lessen the right of proper supervision and control of those cases of mental disease in which the patients, though not realising there is anything wrong with their minds, yet have to be sent away from home, and their liberty taken from them. For such cases certificates and a magistrate's order will always be necessary.

But there are thousands of cases in the early stages of mental disorder who recognise they are

not themselves and admit they require treatment and have a desire to get well, and yet maybe are doubtful cases to be sent to any home without certificates, while the law is as it is. At the same time the relatives refuse to have them certified, and thus many do not come under proper early treatment, and soon get worse, and their chances of recovery are gone, maybe for ever.

It is for these cases we want the public to agitate for reform and get a new Act created which will enable such cases to be simply notified, as has been done for so many years in Scotland. By all means let definite reports of such cases be sent periodically to the Board of Control or whatever body may be elected to supervise this treatment.

There is one special matter I want to impress upon the general public, and that is that with no exception whatever, they should always confide in their medical attendant, and never let one of their family show signs of a nervous or mental breakdown without at once letting him know.

Added to this, let them also be straightforward as to family history. It is worse than useless to hide from a medical man that there is a history of mental disease in the family. If he knows this fact he can, if he has the least special knowledge of mental disease, give many words of warning, and save many breakdowns by giving advice as to the lines of life, work and interest in the individual cases, and thus avoid an exciting cause to an hereditary predisposition to nerve or mental trouble.

Again, the prognosis of many mental cases is of great importance, and this prognosis can be of little value if the medical man is deceived with regard to the family history. I could tell many tales of the bad effect of this hiding of the truth both from the family doctor and the alienist.

I will, for obvious reasons, give no recent cases, but the following two instances of false evidence must suffice.

I was asked for very special reasons to give a definite prognosis in a case of a lady who was under my care many years ago, but at the time was not certifiable. I cross-examined the sister and, as far as I could get from her, there was no history of insanity in the family. I was, however, suspicious, and asked more questions regarding the cause of death of some of her near relatives, etc. On coming to the death of her mother I was told that that had been caused by a sad accident. "What kind of accident?" I asked. The answer I got was: "Oh, doctor, my poor mother for some time before her death was rather odd, and on more than one occasion had sat on the fire, declaring it was an arm-chair. She was saved on two occasions, but one day we were too late—she was burnt to death." I said nothing, but I made a note in my case-book, and my prognosis was not a favourable one.

The other case was much more extraordinary. I had a lady under my care in a private house many years ago, quite uncertifiable at the time, but I was not satisfied about her condition, as she made no improvement, and I felt was hiding

from me some of her ideas, which caused what seemed an ordinary state of simple depression. I saw her brother in London and asked him as to the family history. He assured me there was not a suspicion of mental trouble on either side of his family. I was comforted and had hope of getting my patient well. Not long after I was reading a paper at a meeting of the Medico-Psychological Association held at Broadmoor, the criminal asylum for the insane. On the walls of the room in which our meeting was held were some extraordinarily clever frescoes, and I asked the superintendent the history of them. To my astonishment he told me the name of the inmate who had painted these and I at once recognised, after asking a few questions, that he was my patient's father. He was then dead, but had been found "Guilty, but insane," on a charge of murdering his wife by cutting her head off with a sword!

(*b*) Legislation

The Act of 1890 has been so generally condemned that I hope no attempt will be made to tinker with it.

A new Act should be drafted and passed.

Such new Act should be drawn up with the help of the Board of Control and with a selected number of medical men who have given their lives to the study, the care and the treatment of mental diseases in all its stages, especially with the help of those who have had definite experience in dealing with early incipient cases.

Such new Act should not be full of "prison-like rules," not breathing of "suspicion" of those who care for and treat mental diseases, and not crammed full of obnoxious, vexatious clerical forms for the already overworked medical staff of public asylums.

It should, while protecting those who need protection, allow an easy mode of treatment of early cases of mental disease, without certification.

There is a committee of the Medico-Psychological Association now sitting with the object of drawing up a report as to the immediate necessity for some alterations in this Act, specially brought into existence by the pressing need of lunacy reform in our dealings with the mental cases sent back from the front.

These alterations will no doubt appertain also to the civil population of this country. Many such reports have already been made during the last twenty-seven years, but so far nothing has resulted from their wise suggestions and THE LAWYERS IN THE HOUSE OF COMMONS STILL REMAIN SUPREMELY INDIFFERENT TO THIS BURNING QUESTION.

I hope before this book goes to press I shall have the opportunity of at least knowing some of the suggestions of this Committee, and embodying them in this book. We are all working with but one object and should help each other as far as possible.

Dr Maurice Craig explained the position of the Board of Control, who had to carry out a Law which they themselves not only did not

make, but which, from their experience, they actually opposed :

"In this country we are ruled by lawyers, just as in a certain Continental country the military element loomed large. There was an impression in legal circles that the psychiatric branch of medicine wished to interfere with the liberty of the subject, but, as a matter of fact, it was the lawyers who were doing this. There were a large number of mental cases requiring treatment and legal obstacles prevented their getting it. NEW LEGISLATION MUST COME.

"The liberty of the subject was still the all-important factor in the eyes of the lawyers, whereas we who work under the present law appreciate that the liberty of the individual who wishes to have treatment is limited by the law."

What has this legislation of suspicion done for our early incipient cases of mental disease ?

Listen to what Dr Helen Boyle wrote only a few years ago in that admirable paper read at the May meeting of the Medico-Psychological Association in 1914.[1]

She asks the question :

"Where and by whom are our early nervous and mental cases treated at present ?

"1. General practitioners, who see the patients in their own homes or in nursing homes and who in the vast majority of instances have had little

[1] "Early Nervous and Mental Cases."

or no real training in their medical course in the subjects of neurology or insanity.

"2. Psycho-therapeutists, very often unqualified men or women, or, when qualified, with usually no appreciable asylum or nerve hospital experience.

"3. Hypnotists, of whom the same may be said.

"4. Christian and other faith healers. *Ibid.*

"5. Christian scientists. *Ibid.*

"6. Psycho-analysts. *Ibid.*

"7. Doctors and nurses in hydropathic establishments. *Ibid.*

"8. Electro therapeutists. *Ibid.*

"9. Occult magnetic healers. *Ibid.*

"10. Oculists, one of whom claims to have cured a girl by telling her to wear mauve. *Ibid.*

"11. Quacks of all descriptions, like a man who made a large fortune in Brighton by the sale of a mixture containing half-a-grain of bromide of potassium. *Ibid.*

"12. Surgeons. Some of these patients have been operated on two or three times for mysterious abdominal symptoms. *Ibid.*

"13. Physicians, who not infrequently recommend a sea voyage for an early suicidal melancholic (from which he never returns !).

"14. Neurologists, who usually have no asylum experience, but who, of course, rescue the 'nervous case' !

"And who is the last to see an early case ? In fact, who generally does not see it at all until and unless it has become certifiable ? THE ALIENIST."

Who with any experience can deny that this formidable indictment is only too true ?

I only differ with it in placing the general practitioner in the wrong place, for in a large number of cases it often happens that the relatives of the patient, hiding the illness from their medical man for fear he may at once advise an asylum or certification, try every other expedient before they confide in him.

And the Lunacy Act of 1890 is to blame for this state of things, and consequently the general public, who clamoured for it.

In 1891 Dr Percy Smith, late superintendent of the Royal Bethlem Hospital, read a paper before the Medico-Psychological Association on the defects of the working of the 1890 Act.

I have just read this through and hoped to find a series of defects mentioned, but alas ! it is to a very great extent taken up with the quotation of instances in which the difficulty has been to obtain a judicial authority to make the necessary order in the City of London. He gives many cases of the most monstrous delay in this matter, and one wonders why strong representation on the subject was not at once made to the Lord Chancellor.

I shall have more to say on this subject when I come to my suggestions *re* the magistrates.

I do not intend to deal section by section with this condemned Act, but rather to generalise, yet I shall make reference to some of the sections which stand condemned by all who have to deal with the care and treatment of mental disease.

The Voluntary Boarder (Section 229).—Licensed private asylums and registered hospitals are, by this section, allowed to receive as a voluntary boarder any patient who wishes so to be cared for, for a specified time at his or her request, and with the permission of two Commissioners in the Metropolitan District or of two justices appointed as Visitors under the Act of 1890 in the Provinces. Any such boarder can only stay under such care for the specified time in the permit, and if wishful of remaining longer a new application and permit has to be made and given.

Any such boarder may leave the institution by giving to the manager thereof twenty-four hours' notice in writing of his wish to do so.

If the manager retains him longer than this time he is liable to a fine of ten pounds for each day or part of a day such boarder is retained.

If the Commissioners consider any such boarder unfit to remain under these conditions, they may order the manager to either at once remove him or take steps to have him duly certified.

To a certain extent this is a beneficial clause, but it needs alteration badly.

In the first place, there is no doubt it should be extended to the public asylums, especially as many of these now take private cases.

The non-extension of this clause to public asylums is a constant grievance, and is daily handicapping the general practitioner in dealing with numberless cases, just over the border-line,

but for whom certification may be difficult, or refused by the relatives, who are not well off.

I see no reason why this clause should not also apply to private care.

The twenty-four hours' notice is far too short. It does not give, in many cases, time for the manager to communicate with the relatives, while often the patient who gives such notice is in a condition which necessitates care and treatment away from home.

Then, again, if such a boarder should be considered unfit to remain in such a position, it seems absurd to order him to be certified *or* discharged.

His relatives may object to his being certified, or he may leave the institution within the twenty-four hours, and what is to become of him under such circumstances ?

It is a section that requires to be considerably altered to do the real good it might do.

Section 315 deals with the offence of any person having, for profit, for care and treatment a person of alleged unsound mind without certificates and an order. This offence may result in a prosecution and a fine of fifty pounds.

It has been held as law by five judges sitting as a Court for Crown Cases Reserved, R. *v.* Bishop, 1880, that even an honest belief that the patient so received was not insane is, according to this section, no defence; so that even if a person charged with committing this offence has no knowledge that the patient was insane in the eyes of the law he is still guilty of a criminal offence.

This section must be altered if there is any sense of justice in the Act.

Prosecute and punish any person ill-treating or neglecting any insane or presumed insane person, but these unfair and in many cases unjust prosecutions are a disgrace to the legislature and to those who have to carry out an unjust Act.

Continuation Orders.—These have to be frequently made, in order to prove that the patient is still of unsound mind. The dates coincide with the dates of the order and so constant confusion arises. I take it that it would be wise to make two dates each year, giving a period of, say, three days on each occasion, when all these continuation orders should be sent in, irrespective of the dates of the order. This plan would simplify the work of the medical staff very much and has been more than once suggested.

Early Cases.—These must be fairly dealt with in any new Act.

In the first place, the simple notification by the medical man attending the patient that the said patient is suffering from a nervous or mental breakdown and has been placed under care, as done in Scotland for so many years with such good results, must be made lawful in England and Wales. It has been suggested that the time for such care and treatment should be very limited in any one place or home. This I deprecate. Many patients might be getting much better and on the eve of recovery at the end of, say, six months, and it might be most prejudicial for such a case to be removed to other and strange surroundings.

I maintain no hard and fast rule as to time should be made when dealing with these early cases by notification.

I would have these cases subject to a certain amount of supervision, and I see no reason why the Visiting Magistrates of any district should not be notified, in, of course, the strictest confidence, and visit such cases, and so relieve the Board of Control from extra work. They cannot do justice to the work they now have to do, that is a sure thing, and if more work was placed on their shoulders they would soon become only fit to be patients themselves.

The Masters in Lunacy

I have little to say about these gentlemen in addition to what I have already written. I think with all the work they have to do, owing to the wide application of Section 116 of the Act, their numbers should be increased or assistant masters be appointed. Delays often occur now because of the congestion of their work. I also think some mode should be arrived at whereby a Receiver's appointment and a scheme for the administration of the patient's estate should be less costly.

The Lord Chancellor's Visitors in Lunacy

I have nothing but praise to give with regard to these gentlemen. Their visits are always looked forward to with pleasure by all who try

to do their duty by the patients entrusted to their care. They have broad minds, devoid of officialism and that hated red-tape manner, nor do they give one at once the impression of being suspicious of everything, as some of the Commissioners in Lunacy, both past and present, have done and still do.

They recognise one's difficulties in dealing with certain cases and do their best to help one.

The only one thing I would respectfully suggest is that this body of officials should have the visitation of all those patients who have Receivers appointed to manage their estates.

It would relieve the Board of Control of much work, though these cases might be limited to patients in private asylums and in private care.

Not very long ago there was an idea of amalgamation of these officials with the Board of Control, but I believe I am right in saying the Lord Chancellor's Visitors did not like the idea.

The Commissioners in Lunacy, or, as they are now called, the Board of Control

Now here I admit I am on delicate ground, but I shall try to state justly and fearlessly my opinion of this body of gentlemen.

I fully realise their very difficult position. I realise they have to carry out laws which in their hearts they disapprove of, but, as Dr Hyslop so well and truly puts it :

" The public made the laws and the Board of

Control, as the servants of the public, merely carry out their orders. That *they are sometimes over-zealous in the performance of their duties is to be regretted.*"

And so say I, and many more hundreds of those who have to deal with mental disease in all its stages.

I well remember in my early days I stood in certain awe of these gentlemen, and though I had nothing to fear from their visits, I never knew what line they might take.

I well remember the days when asylum superintendents were wont to openly say : " Well, I hope So-and-so will not be the Commissioner to pay my asylum a visit this time." Why was this ?

Why has it been that great indignation has more than once been openly expressed about some of these gentlemen ?

I take it the answer is simple. Because directly they get their appointments they become cloaked with garments of wretched red tape, officialism and that thrice-cursed SUSPICION which permeates the Act they have to carry out.

Strange to say, a change has come over this body the last few months, brought about by this awful war and the difficulties of dealing with certain military and naval cases and certain institutions where the staff has been seriously depleted owing to the war.

They have not in these cases waited for new legislation, but have, we are rejoiced to see, taken the bit in their teeth and made their own rules.

Had it not been for this fact the grand and generous gift of that great thinker, the late Dr Maudsley, would not have been able to have been used without a new section of the Act.

Had it not been for this fact the Board of Control would not have erased from their rules the irritating clerical work of the medical staff of public asylums, work, the non-compliance with which under the Act meant misdemeanour and consequent fines.

This is an attitude we applaud. I have always maintained that if the Board of Control had taken a much firmer stand when this Act was going through the Houses of Parliament, and if they had been backed up by the then Lord Chancellor, much good might have been done, but they seem to have sat quietly under the indignity of not being listened to, and we all to-day deplore that they did not more assert themselves.

Would we had more on this Board like Sir Thomas Clifford Allbutt, who when a member of the Board did not hesitate to publicly state his opinions, who did not allow anything to check his determination to fight against unjustifiable and unjust red tape and officialdom.

I am glad to see that lately, owing to the scarcity of paper, they have been leaving out of the Blue books copies of their entries in the Visitors' books of private asylums.

They visit those in their own district four times a year, while their visits to those in the Provinces are twice yearly. They only insert one copy of such entry of their visits during the year. How

they choose this one entry I know not, but it often happens to my certain knowledge that while one report with some ridiculous complaint is inserted, and with no praise of the management of the asylum, the second report, which may have given the institution an excellent character, is not printed. I maintain, and have always done so, that either no entry in the Visitors' book should be mentioned or that all such entries should be printed, or, better still, that a general report should be made in each case.

The general tone of these entries should be altered. They are far too stereotyped; far too little encouragement and praise is given in them; while some of their complaints are really too childish for words. I remember once going to one of these gentlemen's houses, and I noted with a smile that the furniture in the room I was shown into was in a much worse condition than some of the furniture in my asylum, about which they had passed remarks far from complimentary. They should above all things get rid of that hateful suspicious manner, which especially pervades some of the late superintendents of asylums, now Commissioners in Lunacy. This suspicion is not manifested to nearly the same extent by the legal side of the Commission, and it is now, and has always been, to many a mystery, why this attitude should be taken up by anyone who knows from his own experience the trials and troubles of a medical superintendent's life.

One of the most recently appointed Commissioners comes into one's house with SUSPICION

written on every line of facial expression, and begins at once to assume the attitude of a Scotland Yard detective who is searching the premises for evidence of some crime. It may be that this individual adopts a different attitude to some people, but I am only mentioning facts which I have heard from many whose houses this person has visited.

Then, again, the disposition to introduce themselves as Commissioners in Lunacy is wrong. Why not say they have come to pay a friendly visit and see if the patient is comfortable, etc. ?

Many patients never know they are under certificates until such a visit. I do not hesitate to say it is a wrong and unwise mode of procedure and should be altered.

Again as to prosecutions for the illegal taking care, for profit, of a person who may be just over the borderland. I have already pointed out the legal definition of this misdemeanour, which ought to be altered in any new Act, but I do most emphatically say that the Board of Control should exercise more discretion than they do in these prosecutions. Some of them are absolutely justified, while others are little less than persecution.

In the petition for an order for the admission of a person to an institution or single care there is a very catchy question. It reads as follows :—

" When and where previously under care and treatment as a person of unsound mind ? "

Now many, not realising the catch in this question, state the name of the house where the

patient has been treated up to the time when certification became necessary.

Hence it is that often a prosecution will follow from this information. I always warn persons signing the petition to answer this question, "Nowhere," unless at some previous time the patient has been in an asylum.

It was the answering this question as I described, and thus giving the address of the doctor in whose house the patient had recently been, that led to the prosecution of an unfortunate man, a prosecution which I to this day maintain was unjustifiable, and which led first to his financial ruin and next to his suicide!

Finally, I maintain these gentlemen, even with the increase lately made, have ten times as much work as they can properly carry out. Centralisation of this body is wrong in principle and wrong in practice. There should be district Commissioners or sub-Commissioners appointed, who could materially relieve this body from their overwork. It may be said that expense bars the way to this new departure, but surely if the millions that have been wrongfully allowed to be spent in palatial, unwieldy barracks for our pauper insane had been saved we could have had this addition to a necessary body of officials and the State might still have had money to spare.

Should new legislation allow notification of early cases of mental disease, I hope the supervision of such cases will be left to the Visiting Magistrates.

I shall have more to say on this subject in my next paragraphs.

The Magistrates

Again I feel I am on delicate ground, but as many of these gentlemen have in the majority of instances moved, to put it mildly, "heaven and earth" to get the right to place J.P. after their name, I have no hesitation in attempting to suggest that their work should be further increased by giving them still more to do with regard to the care and treatment of mental disease.

We must not forget that much of their former work in the counties has been taken over by county councils, while in towns, of course, they have nothing to do with civic life in their position of J.P., unless in their eagerness for work and position they accept a place not only on the Bench, but also on the Town Council.

Now in connection with those afflicted by mental disease their duties are threefold:

1. They have to sign the order on the petition and certificates before a patient can be sent under legal care.

2. They have to visit the asylums in their judicial district.

3. They have to deal with the cases of persons of unsound mind who are found wandering or who have been proved not to be under proper care and control; and I think one might rightly add:

4. They have also to deal with the prosecution of persons of unsound mind or of mental deficiency who are charged with crimes, and they have also to deal with many of the prosecutions

instituted by the Board of Control under the Lunacy Act.

I will deal with each of these duties separately.

1. *As to signing Orders.*—It is the custom in some boroughs and in some counties to only select a few magistrates for this duty. This is, in the opinion of many, entirely wrong.

Dr Percy Smith has pointed out the great difficulties in finding a magistrate so appointed to sign orders in London.

The same trouble is very marked in this town, in which only a limited number of members of the Bench are so appointed.

One has found only lately various difficulties because of this limitation. The relatives of the patient certified will object, perhaps, to two names of these selected magistrates, because they know them and do not like them to be aware that one of their family has to be sent to an institution. Then one tries another magistrate and finds he is away from home, etc. I maintain, and am not alone in my opinion, that all magistrates should have this power. It would be of the greatest assistance to medical men and the relatives of the patients.

Then, again, I think far more interviews with the patient should be made by the magistrate before signing the order, instead, as is now the general plan, of the order being made without the magistrate having seen the patient. I say this because the law now demands that if the magistrate making the order has not personally seen the patient, one of two things has to be done

when that patient arrives at the institution or home for care and treatment.

A written notice has to be given the patient as to his or her right to be at once visited by a magistrate, or a certificate has to be sent to the Board of Control that such a visit would be prejudicial to the patient. This second condition is very rarely acted upon, while the result of some of these visits have been in certain cases very detrimental. Only a short time ago I had an instance of this. I sent to an asylum a lady in the excited stage of circular insanity. For short periods she would be fairly sensible and very plausible. She had not been seen by the magistrate who signed the order. The licensee of the institution did not feel warranted to send a certificate to the Board of Control, and so gave the patient the written notice as ordered by the Act. What was the result? The patient was enraged that she had been certified. A magistrate with no experience of mental disease visited her, listened to her plausible tale, took no notice of the very strong certificates, but told not only the licensee, but also the patient, that it was a monstrous thing that she should have been certified, and made a strong report to that effect. However, the Board of Control took no notice of this protest, and the verdict of this ignorant magistrate was soon proved to be utterly devoid of truth, and the patient is at the present time almost a hopeless maniac.

I believe there are very few such magistrates on the Bench.

2. *The Visiting Magistrates.*—It is clear that these should be specially selected. They have to visit the asylums in their districts with their clerk and with a medical man specially appointed by them, although this medical man may make a visit by himself.

I have already told of my experience with the Visitors from the county of Somerset Bench, and how I found them most kindly disposed to one, and ever ready to help one in any difficulty, ever ready to appreciate one's efforts for the comfort of the patients.

I can only hope other asylum superintendents have had the same experience.

With regard to their duties I have expressed an opinion that, in the event of new legislation and simple notification of early cases of mental disorder, if visitation is considered necessary, I see no reason why such visitation should not be relegated to the Visiting Magistrates, thus relieving the Board of Control of much extra work.

3. *Cases of Persons Found Wandering, or of Persons not under Proper Control and Care, or of Persons who under Delusions of Persecution seek the Protection of the Police.*—Any such cases should be examined *in camera*. To place such persons in the criminal dock and in public charge them with being wandering lunatics, etc., is a *crime*, and should never be for one moment allowed by law. I trust it is not many Benches who allow such an indignity to exist. Surely nothing could be more calculated to increase the

wrong feeling that mental disease is a stigma than this utterly inhuman procedure.

No words of mine could be too strong in condemnation of this mode of dealing with the unfortunate sufferers from a disease which should enlist all our sympathy.

4. *Dealing with Prosecutions of Those who are clearly Subjects of Mental Deficiency.*—Great care should be taken in these cases. Prison is no deterrent. They come out of jail, only in a few short weeks to commit the same offence again. Sending them to the Borstal Institution for a short period is no good, nor a limited sojourn in one of the mental deficiency homes. There should be a colony for these cases, where they should be kept for a lengthened period, or maybe in some cases for their lives, taught trades or given work of some sort, by which they might not only earn their keep, but possibly, to further encourage them, a little pocket-money for themselves.

5. *With regard to Prosecutions in which the Defence is Insanity.*—The law says the magistrates have nothing to do with this defence. They have only to find out a *prima facie* case and commit the prisoner to the Sessions or Assizes.

Now I submit that this is unfair, and that any evidence of insanity should be heard, so that it may go on the depositions.

It is done by many Benches of magistrates, as I well know, and I have had many practical proofs myself. It has been most helpful in many cases I have been interested in.

6. *With regard to the Prosecutions by the Board*

of Control.—I would respectfully suggest that while the magistrates should punish to the full any charge of cruelty or neglect of insane persons, they should be very careful not to be biassed by the legal interpretation of a section of the Act, and so deal unjustly by many who, with the belief that the patients they have cared for and kindly treated were not certifiable, are before them on a charge of illegal detention of a person alleged to be of unsound mind.

The fear of these prosecutions is a great hindrance to the early treatment of mental diseases.

(*c*) Public Asylums

This is perhaps the most difficult that I have set myself. However much one may think out reform as to all these institutions, one is frightfully handicapped by the enormous amount of money that has practically been wasted in the creation of the unwieldy barracks of asylums, which have, as far as one can gather, the Local Government alone to blame for. Sir Thomas Clifford Allbutt has so whole-heartedly condemned these palatial and unmanageable institutions that I myself need add no words to what I have already quoted from his papers and letters.

One thing is certain — no more such huge asylums must ever again be built; and if it is possible to utilise the present buildings for other purposes, and mould all new institutions on very

different lines, so much the better for the treatment of the insane in this land of ours.

To take a lesson in improving our methods of treating mental diseases, especially in the early stages, we must give up our insular manner of being so self-satisfied and behind the times, and look across the Channel and the Atlantic and see what has now for some years been done there.

As I shall presently show, we have much to learn from Germany, France, America and Switzerland.

From the first of these, in spite of the Prussianising of the German nation; in spite of the teachings of that sledge-hammer philosopher, Nietzsche, who in his madness believed himself an Antichrist, and whose doctrine was that the strong alone have the right to live, and whose belief was in a superman; in spite of the pernicious teachings of that deaf historian, Treitschke; in spite of Bernhardi's axiom that "Might is right," and finally, in spite of the enormous personal influence of that hypocritical megalomaniac, the Kaiser, all of whom have brought on this brutal war, the German nation, as Mr William Harbut Dawson, in his wonderful book, *Municipal Life and Government in Germany*, so clearly points out, is a long way ahead of us in civic government, affecting 70 per cent. of her population.

One forgets for a moment all that is evil in degenerate Germany when one realises the other side of the picture, when one sees the evil influences which have affected the German nation and yet notes the marvellous organisation for the social good that exists there.

Think for one moment of what their National Insurance Scheme, in existence many years before ours was thought of, has done for their consumptive poor; think of the millions of pounds this scheme saved and spent on sanatoria for their poor consumptives, while we to-day have the greatest difficulty in finding a vacant bed for an early case of consumption, and hundreds, perhaps thousands, have to wait their turn till the disease, which might have been cured, has advanced to a stage when hope is almost abandoned!

I have been re-reading that enlightening book of Mr William Harbut Dawson, and the more I have read the more am I convinced that we are at war with a nation which has a "dual personality."

The spirit of one part of that personality is the brutal Prussianised military spirit, led on by the pernicious teachings already alluded to, while the other part of that personality is exemplified in the humane and beneficial lines which dominate their civil and municipal life.

This has a most distinct bearing upon my subject.

The whole system of German civil life is exactly opposite to ours, in the fact that while we are ever more and more centralising power, they have always decentralised the said power.

THEY HAVE NO LOCAL GOVERNMENT BOARD, which disputes every wish of individual suggestion and gives its own orders. Had we been otherwise constituted, these gigantic, hopelessly under-staffed barracks of asylums would never

have existed, and the villa or cottage and communal system which has been in existence in other countries, presently to be described, would have been built, and the good results of such a system long ago seen. We have a few of such asylums in England, as I have already pointed out, but they are only modifications of those which I shall describe, and which are far more approaching the ideal which we who work in this department of medicine so long for.

One other fact appealed to me very much indeed in this book, and that was the statement that in Germany the hateful word PAUPER is unknown.

I wish our Government would buy the rights of this book and have it published at a price within the reach of the general public. It would do an enormous amount of real good.

One great blot with regard to these unwieldy barracks is the want, in many of them, of proper classification of cases, and this want has done incredible harm in many cases to my certain knowledge.

Not only should we classify our recent early cases, but also our chronic ones.

Let me now quote from a most interesting paper by Dr Knowles Stansfield, the superintendent of the London County Council Asylum, Bexley, Kent, entitled "The Villa and Colony System for the Care and Treatment of Cases of Mental Disease," published in *The Journal of Mental Science*, 1914:

"Alt Scherbitz, near Leipsic, may, I think, be looked upon as the mother of the villa system of

housing the insane. It is really a village populated by insane persons. On the one side are the receiving houses, the villas for refractory patients and for the sick, aged and infirm patients. On the other side is the colony for the quiet working patients, the villas for the men being separated from the villas for the women by the medical superintendent's house and garden, the farm buildings, farmyard and industrial buildings. About one-third of the patients are housed in the colony and form a hive of industry.

"Germany has shown great appreciation of the villa or cottage system, and most, if not all, of the institutions for the insane in that country that have been built during the past twenty years have been of this type.

"Viewed from the administrator's point of view, there are no special difficulties to be overcome in conducting the affairs of a villa asylum.

"*The villa system offers facilities for efficient classification which are not yielded by the barrack type of asylum.*

"The institution, however, which I consider most nearly approaches the ideal asylum that I ever had the opportunity of seeing is that of Toledo, in Ohio.

"This institution was built entirely on the villa system. It consisted of forty separate buildings, twenty-six of which were occupied by patients. The buildings were arranged in the form of a hollow rectangle, bisected by the administrative buildings, the one side occupied by female patients and the other side by male patients.

"The buildings at either end completing the square were occupied by the noisy and violent patients. The cottages had each a verandah overlooking the square. The size of these squares, each of which formed a recreation ground, was large enough to allow of baseball, cricket and football being played there.

"Without leaving their cottages, the sick and infirm were able to witness the games played. The refractory patients in like manner were able to watch the games without leaving their verandahs.

"Each cottage was a simple two-storied brick structure, and they were placed about twenty yards distant from each other. They were not connected with each other in any way, or with the administrative buildings, and the arrangement of each cottage depended upon the class of cases to be treated there.

"In the grounds were three ornamental lakes, each about two acres in extent and from four to five feet deep. These lakes were said to be a source of great pleasure to both patients and staff. They served for rowing and swimming during the summer, and for skating in the winter. Whilst I was there a number of patients were amusing themselves by fishing.

"Over twenty per cent. of the patients had parole of the grounds.

"The gardening was done entirely by the patients, without the assistance of paid men, the head gardener being himself a patient.

"*The general appearance of happiness and contentment I have never seen equalled in any asylum.*

. . . In a word, they enjoyed a maximum of all that is best in the life of a model village, whilst, on the other hand, the irksomeness and restraint of institution life was minimised to a degree."

The late Dr Hack Tuke has written largely on this subject, but space does not allow my quoting from his clear and interesting papers.

The late Sir Thomas Clouston always recognised the necessity for proper classification in the treatment of mental disease, and he planned Craig House as follows :—

1. Three distinct houses for convalescent and quiet cases, to contain 25 per cent. of the whole.

2. Three houses attached by glass corridors—one of these being a hospital—for the improving, the quiet, the mild melancholics and the sick, and those needing special nursing and medical care, 25 per cent.

3. Four wards in the central buildings near the medical officers—two of them being distinct in arrangement from the other two—for the acute cases, the dirty, the destructive, the very suicidal, the dangerous and the troublesome, nearly all requiring constant medical care and observation, 50 per cent.

The isolated instances, which can be counted on the fingers of one hand in our country, are, while gratifying, yet proof positive that a great deal remains to be done before we can approach the system so long in existence in other lands.

There can be no doubt whatever that in a large majority of our public asylums classification of

patients is not carried out to the extent it should be. It is quite impossible to have too much subdivision and classification of patients. A well-known authority some years ago stated his opinion that no convalescent patient, no newly admitted one with any power of observation left, should ever be frightened by the sight or the sound of any noisy, violent or obscene patient.

I maintain that no large, unwieldy asylum should ever again be built; that any addition to an existing public asylum should be on the cottage communal system, which is so helpful to the important principle of proper classification.

With regard to the medical staff of these public asylums I shall speak when I come to deal with that part of my subject.

Finally, with regard to public asylums which receive private patients, I think the Board of Control should see that this very wise and necessary innovation should be kept within its right limits, and the highest payment for such cases should be fixed by the Board of Control, so that the profits arising from this excellent plan should go towards reducing the payment of some private cases and *not to the reduction of the rates.*

(*d*) Consumption in Public Asylums, Registered Hospitals, Licensed Houses and Private Care

We may take it that the figures I give are mainly connected with deaths in public asylums,

as the deaths from this disease in other institutions and private care are very small in number.

From the Blue books and from correspondence with the Board of Control I learn this terrible fact: In 1915 there were 113,526 insane persons under care and treatment as certified cases. In this year the death-rate, among those of fifteen years of age and upwards, from pulmonary tuberculosis was 1824, which gives a proportion of deaths from this disease among these insane of 16·1 per 1000.

The proportion of deaths from this disease among the general population for this year was 1·6 per 1000.

From these figures we find that in 1915 the death-rate from phthisis among the certified insane was ten times that of the death-rate from phthisis of the general population, while in 1910 it was nine times as great.

These figures prove to the hilt that there was a real necessity for an inquiry into this death-rate and a definite reason for suggested reform.

The Tuberculosis Committee, of which I had the honour to be chairman, as I have already pointed out, made very many suggestions to remedy this appalling state of things, but, for reasons already given, they were never acted upon.

This report is still in possession of the Medico-Psychological Association.

I have never seen this report even commented on by the Board of Control. We suggested the following reforms:—

1. That these phthisical patients should be

kept apart from the rest of the patients and specially housed and treated.

2. That annexes for such segregation and treatment should be built.

3. That those asylums which from their situation and subsoil were not suitable, should send their phthisical patients to those asylums which were more suitably situated.

4. That these annexes should be so arranged that the patients could be treated on the well-known sanatorium lines of treatment.

5. That every possible precaution should be taken to diagnose this disease as soon as possible.

This is, I admit, very difficult, even for those especially versed in the symptoms, subjective and objective, of it, and much more so is there this difficulty when we recognise that the majority of the medical staff of asylums have had little pr ctical experience in medicine before taking up their duties as assistant medical officers of asylums. The attachment to these asylums of paid general physicians would greatly help the early diagnosis of this disease.

In the Blue book of the Board of Control, 1909, is the following entry :—

"The only prophylactic measures consistent with proper and due economy appear to be : (1) The earlier and more frequent diagnosis of active phthisis with a view to isolation and treatment ; (2) the adoption of the verandah system of open-air treatment at all the asylums ; (3) the encouragement of patients suffering with phthisis to expectorate into proper receptacles, and thus

possibly diminish the amount of intestinal tuberculous ulceration caused by auto-infection."

This last suggestion, as was pointed out to us by several medical superintendents with whom our committee corresponded, was a very difficult one to carry out, as the insane either were very reckless in expectorating or were very prone, in spite of all orders, to swallow their expectoration. I think some special orders should be laid down by the Board of Control with regard to all these suggestions and insisted upon.

I am sure when the general public recognise this great death-rate among their insane folk they will agitate to see that some definite steps are taken to remedy a defect that should have been taken in hand some years ago.

I well know and appreciate that there are many difficulties to be overcome, but with the help of experts and the insistence of the Board of Control much may be done without any further delay.

(*e*) Registered Hospitals and Private Licensed Houses

I have already spoken of the necessity of more strict application of the principles for which these registered hospitals were founded, and I trust in any new Act the powers of the Board of Control will be so increased that they can insist on these being carried out.

With regard to both these institutions, I have always been strongly of opinion that in all these institutions lady and gentleman companions

should be appointed to supervise the ordinary staff of nurses and attendants, who by education are hardly fitted to act as companions to the large majority of the class from which the patients in these institutions are drawn.

I think I may claim credit for long ago carrying this principle into effect. I found the benefit of this plan every day of my asylum life, and I still continue it in dealing with the mild nervous and mental cases which now come under my care. These ladies and gentlemen are the greatest help to me in my work and in gaining the confidence of my patients, and so it has always been.

I know the Medico-Psychological Association has done grand work in the education and training of the staffs of asylums, and for some years I was a member of that excellent committee, "The Education Committee," and fully recognise all that has been done; but I know of institutions which, while they dress their nursing staff up in striking costumes, must realise that many of the nurses are so uneducated that they can be no real helping companions to many of their patients. I could write pages on this subject, but space forbids.

More strict classification and departmentisation in these institutions is also urgently required, and if carried out must have a really good effect on the recovery rate.

(*f*) Private Care

I have in my former chapters and in part of this chapter stated my opinions with regard to

the enlargement of this most admirable method of dealing with early and with many chronic cases of mental disease suitable for this form of domestic treatment.

I have little to add. If legislation is enacted in dealing with early cases by notification, and if, further, certain homes are "approved" by the Board of Control for this system of treatment, much good may result.

A scheme could then be drawn up by which general practitioners would possess a list of such suitable homes, not only for the wealthy classes, but also for the poor. In the latter case it would greatly facilitate the good results of an out-patient department in our general hospitals and enable the physician who presided over that department to place any patients whose condition seemed to him to demand such mode of treatment, while the general practitioner would be greatly helped in dealing immediately with many such early cases in the treatment of which he is now so handicapped.

The Board of Control have spoken so well of this method of care and treatment in so many cases that I feel such a scheme ought to be carried out.

With regard to the better classes, several agencies, especially one—viz. the Scholastic and Medical Association—have long lists of medical men willing to take such cases, but the law as it stands is a serious drawback, and, as I well know, many medical men fight shy of taking the responsibility of receiving certain suitable cases, for fear that they may get into trouble, especially as

one of the present members of the Board of Control is warning all and sundry not to take any borderland patients.

I am still of opinion that even with this useful plan of simple notification some system of periodical visitation ought to be made, and while the work of the Board of Control is so exceedingly heavy I feel sure some other persons must have this duty delegated to them.

Whether such persons should be District Sub-Commissioners or the Visiting Magistrates is a matter for serious consideration in the drawing up of any new Act.

I believe nothing would help on the recovery rate of mental diseases more than the plan I have here foreshadowed.

(g) The Law in Relation to Registered Hospitals for the Insane

I have already stated the opinion of the Commissioners with regard to the fact that certain of these institutions do not use their profits in the way it was originally intended they should, and I have shown by figures that the Board of Control has good reasons for its condemnation of certain of these institutions on these grounds.

I must here again admit that many of them do fulfil absolutely the objects for which they were originally started, but some fail in a most lamentable manner.

The Board of Control say that they have un-

fortunately no power to make the hospitals which are remiss in this direction do more for the poorer applicants for admission. If this is the case, the sooner they are given that power the better.

Personally I should have thought that Section 237 of the Lunacy Act (Clause 2) would have sufficed. It reads as follows :—

"If the Commissioners are of opinion that the regulations [of registered hospitals] are not carried out, they may give to the superintendent and any two members of the managing committee of the hospital notice stating the particulars in which the regulations are not properly carried out and requiring such things to be done as the Commissioners may think proper for carrying out the same."

The next clause gives the penalty for non-attention to their orders within six months—viz. an order, with the consent of the Secretary of State, directing such hospital to be closed.

Maybe the regulations mentioned do not include the question of devoting the profits to lessening the terms for indigent patients. If that is so, surely some power should be given to the Board of Control, in any new Act, to enable them to enforce that the objects for which such hospitals were started should be carried out.

Over and over again I have had difficulty in getting patients into certain of these hospitals at small rates, and have had to ask private asylums to do what one might rightly call charitable work, and I have been successful.

There is also a disposition on the part of

many superintendents of these hospitals to refuse chronic cases.

Bethlem is not allowed to admit cases of more than one year's duration, and they must be presumably curable.

Please do not let the reader imagine that I in any way object to these most excellent institutions, but their faults have been many times mentioned by the Commissioners, and I merely suggest that if the Board of Control have no power under the Act to alter these faults, such power should, if possible, be given them in any new Act.

I have long known some of the superintendents of these institutions and have had always the greatest admiration for their work in our department of medicine, but *they are governed by committees*, though perhaps the committees sometimes have no power to alter the deeds of foundation, etc.

(*h*) The Law in Relation to Private Licensed Houses

Prior to 1890 there was a great outcry by the general public that these houses should be done away with, and some even went so far as to say they should be shut up and no recompense given. Of course this was the result of emotional excitement over an individual case, which after all obtained a verdict hardly justified by real facts.

Needless to say, the owners of these valuable

properties, going into many hundreds of thousands of pounds, were up in arms. Committees were appointed, solicitors engaged to protect their interests, and finally, when the 1890 Act came into existence, it was found that by Section 207, Clause 6, no new licence was to be granted in this country and no addition made to the number of patients allowed to be received into any licensed house.

It was thought, so some of the then Commissioners have told me, that the result of this clause would be the gradual closing of many licensed houses.

This effect has not been produced. The monopoly this clause created has been the means of filling many of the licensed houses which before, for various reasons, were never within several of the number for which they were licensed, while those asylums which had gained a splendid reputation had their good work curtailed.

I have always been of opinion that this clause was a mistake, and to-day I am more than ever confirmed in my opinion.

I was glad to be able to quote from the Blue books the admirable reports the Board of Control are able to give as to the management of these institutions which are doing really good work.

There is one point in the last Act which I think needs to be altered. A licensed private asylum can be removed to some other more suitable position with the consent of the Board of Control, but only to another place in the same county. This is wrong. A licensed house should be able

to be removed anywhere in this land, provided the new house is, in the opinion of the Board of Control, a suitable one. I know of many hardships owing to the restriction as to a county. There can be no possible reason why this restriction should ever have been made, and why it was made no man can tell. Probably some framer of that stupid Act had some reason for suggesting this restriction and so it became law. The sooner it is altered the better.

In the large county of Hants there are only two licensed private institutions for mental cases, a small one in the Isle of Wight and one which is practically non-existent.

I know of at least one private licensed house the owner of which would gladly move the institution to this neighbourhood if the law allowed the transfer of the licence to another county.

(*i*) The Law in Relation to Private Care

The danger of taking early cases of mental disease into private care has been already mentioned, and it is almost universally admitted that the law upon this question MUST BE ALTERED. It is suggested that, as in Scotland and other countries, simple notification to the Board of Control by the medical man should suffice, and sections have, I believe, been long drafted to be incorporated in the present Lunacy Act, but so far nothing has been done.

If, as I hear, a time limit is to be made for

such cases, I protest against this, for reasons already given.

As to what body should exercise some supervision over these cases I have already dealt with.

With regard to pauper patients, it is evident that far more boarding out in suitable homes should be urged. This plan has answered very well in Scotland and other countries, but has not been encouraged in England, although the Commissioners speak well of it. Why not, I am at a loss to understand.

Then, again, I would urge that, apart from single private care, approved homes should be allowed to exist without fear of sudden prosecution. There are many such in this country, presided over by doctors of experience, but they are greatly handicapped in having to refuse many cases the reception of which, though they are satisfied they could do much good to, they are fearful might land them into trouble. Many such cases, finding they cannot be admitted, go away, no one knows where, and probably are tinkered with in the manner Dr Helen Boyle so well describes, until the borderland is well passed, concrete delusions have developed, and an asylum under certificates is the only home for them. *This should not be.*

The Board of Control, under the Mental Deficiency Act, have registered several such approved homes for the mentally deficient. Why not do the same for early cases of mental disease ?

Look at the wonderful success of Lady Chichester's hospital at Hove, presided over

by Dr Helen Boyle, for early nerve and mental cases of the poorer classes. So far the Board of Control have wisely allowed this hospital to go on doing its good work. They have been invited to inspect it, but so far have not done so. Many more such hospitals should be started. They would do much real good. This hospital cannot meet a tenth part of the demand made upon it, as Dr Percy Smith has pointed out.

This matter of approved homes for early mental cases must be seriously considered in any new Act.

I have touched upon a few definite defects in this to my mind very harmful Act of Parliament, and I once more state my earnest hope that no tinkering with it should be attempted, but an entirely new Act drafted, not only by lawyers, but by men of practical experience in the treatment of mental disease in all its stages, and by men who will not allow the emotions of an ignorant public to handicap them in their good work.

It is a scandal that medical men who have anything to do with mental disease should be handicapped by an Act crammed full of restrictions and overflowing with SUSPICION.

This Act has been most definitely damned by hosts of experienced men, but twenty-seven years' life has been given it. Metaphorically speaking, let it be promptly exterminated and its reincarnated spirit become more truly altruistic in character and of more real help to the recovery rate of this class of disease.

(*j*) Legislation for Early Cases of Mental Diseases

I have already touched upon this question, which, after all, is the most important legislative reform that is required. The war has brought this question home to us, and there seems indication of an awakening as to the absolute necessity for some definite alteration in our Lunacy Laws.

In a leading article in *The Lancet* of 26th January this year we read :

"We say with earnestness that the experiences of the last year or two in regard to transient and recoverable cases of insanity in sailors and soldiers have rendered a rigid adherence to certification permanently obsolete."

When we look at what America, Germany, France and Switzerland for years have done for the treatment of their early cases of nervous and mental diseases, one is amazed, not to say disgusted, that this question has been so overlooked in this land.

In these countries mental ailments are treated as any other diseases, without the stigma of their being something to be ashamed of and hidden from anyone's knowledge.

The clinic and wards or pavilions attached to general hospitals in those countries for the treatment of mental and nervous diseases, with their admirable staff of medical men and their laboratories for scientific study, have been not only the means of recovering many cases of incipient insanity, and thus postponing the building of more

asylums, but they have rendered a service in the education of the general practitioner, who is, after all, in the majority of cases, the first person consulted. Certification is not required for admission to these hospitals, and mental disease becomes one of many ailments to be there treated, and is not looked upon as a disease different from any other and something to be ashamed of.

In many countries these early cases can be treated in suitable private care without any risk of prosecution. It has been truly said that whereas in other lands incipient mental trouble can obtain proper treatment without any legal intervention, in this country, before such a case can be safely treated away from home and for which any payment is made, they must have become so far advanced in their ailment that certification becomes a necessity!

It is really terrible to think that we are so behind the times, and inconceivable that the public have allowed this monstrous state of things to exist for so many years.

The only place a poor person in England at present can be sent to for treatment without certification, and that for only a short time, is the ward of a workhouse, which means that before poor incipient mental invalids in this country can obtain treatment away from their homes it can only be done by application to the Poor Law officer and the making of themselves into paupers. It seems incredible that in this country one has to write such a statement of fact.

The better classes can go as voluntary boarders

to registered hospitals or private asylums, or they can, at great risk, be treated in private care, but for the poor there is nowhere to go but the public asylum as a certified patient, or the ward of a workhouse ! !

The law must be altered and without delay. Notification must be allowed for these cases by the medical attendant to the Board of Control, and suitable places must be found for them apart from the more advanced cases of insanity, whether such places be special wards of a general hospital, approved homes, private care, or separate cottage-like buildings in the grounds of a public asylum, or private villas in registered hospitals or licensed houses.

It is essential to my mind that these early cases should be kept absolutely separate and distinct from more advanced cases.

With regard to the allocation of wards or the building of annexes in our general hospitals for early nervous and mental cases, we are faced at once with several difficulties.

Financial.—Almost every one of our general hospitals are in debt. Philanthropy is becoming more limited in regard to these institutions: firstly, because of the great calls made on the charitable public for all sorts of war funds; and secondly, because of the heavy taxation of the wealthy.

I have been long convinced that the time is coming when our general hospitals will have to be run on the lines of Winsley Sanatorium, for the consumptive poor, as devised by the committee

of which I had for some years the honour of being chairman—viz. *Philanthropy*, *Self-Help* and *Rate Aid*—each body of subscribers having proper representation on the Governing Board.

Such a plan would allow the raising of money for such an object as dealing with early nerve and mental cases, and would be the means of not only helping the recovery rate of insanity, but would save money by putting off the additions to asylums, and would also be a grand method of education of the general practitioner, both in his graduate and post-graduate days, in the symptoms and treatment of incipient nerve and mental ailments.

Another difficulty is the position of many general hospitals. Their surroundings are unsuitable, except for bed cases. Bed isolation is, as I have already pointed out, quite good in a few cases, but it means ruin to the majority of incipient cases. They want taking out of themselves, with a lessening of pernicious introspection, causing an evolution of morbid imaginings.

The next difficulty is the already overcrowded condition of most of our general hospitals.

I was talking only yesterday to the chairman of a large general hospital and touched on the question of the allocation of at least two wards for these cases.

He gave me no hope with regard to the hospital he presided over, adding: "Why, at this moment we are at our wits' end to know how to deal with the ever-increasing necessary treatment of syphilis," and added: "We have only just been

approached to allocate part of our hospital for the treatment of this special disease."

May I be allowed to say a few words regarding this disease which are very relevant to my subject? For is it not this disease which is sending to our asylums many cases of that fatal general paralysis of the insane which causes the largest number of deaths in our public asylums of all diseases?

Is it not a scandal that legislation has not been passed to check this terrible disease? It can only be really checked in one way—that is, by notification and consequent segregation and treatment.

What is the use of teaching prophylactic measures to the "flappers" who, we now hear, are the persons who in over 70 per cent. of the cases of syphilis among our soldiers and sailors, have infected them!! It is an awful fact to contemplate.

It was only a few days ago I was talking to a medical man who gave me one striking instance of this mode of infection.

He told me he had a young girl under his care with syphilis in the most infectious stage. He had warned her not to infect anybody and of the direful consequences.

She only laughed, and said: "Oh, I love the dear Tommies, who would not think I was a 'sport' if I did not go 'the whole hog.'"

And he added: "I have no doubt this girl is infecting five or six men every week."

Picture what this means!

Yet our Government hold their hands and

quietly look on and see the decimating influence on the capacity of our fighting soldiers of a disease that legislation can and ought to immediately check.

How can we have much hope of legislation for the early treatment of incipient mental disease unless the public with one accord rise and agitate till something is done ?

One thing our general hospitals may do, and that is, start an out-patient department for these early nerve and mental cases. There is not a town in England where large hospitals exist that could not find a mental specialist willing to undertake such a department, and real good might be the outcome of such a plan. Some hospitals have such a department.

I have no hesitation in saying every hospital should have the same. With such a department and with new legislation no end of real good might result.

(*k*) Medical Officers of Institutions for the Insane—General Practitioners

This is perhaps the most difficult question to be considered, and the necessary reforms demanded seem surrounded with serious difficulties.

Let us first take the practical experience of medicine, surgery and therapeutics among the medical staff of these institutions. We have to bear in mind that the insane are really sick folk, and more prone to physical diseases than the healthy general public, while many of them from

their mental condition are unable to give any clear idea of their subjective symptoms and sensations.

Consequently, it is evident that the medical men who attend the insane should have real practical experience in medicine, surgery and therapeutics if they are to be successful in their work.

There is nothing more difficult for a medical man than to have to diagnose any case of physical illness from objective symptoms only. To do this he must have had a very considerable amount of practical experience.

The larger number of assistant medical officers to these public asylums go almost direct from their medical studies to the wards of the asylum.

In the huge ones they find they have some four to five hundred patients to attend to and to treat, but they have no end of other routine work to do, and so it comes about that such an experienced and able man as Sir James Crichton Browne has fearlessly stated his opinion that very little real medical work is carried out in these huge institutions.

How could it be otherwise ?

This is a serious defect, but how can it be altered ?

It has been suggested that time should be allowed the assistant medical staff to attend clinics and post-graduate lectures on general diseases, but many of these asylums are far away from such teaching centres, and so such a plan is universally impossible.

In other countries general physicians and surgeons are attached to these institutions, and I see no reason why all public asylums should not have paid visiting physicians and surgeons to attend certain days in the week and examine any doubtful cases.

I fear the post-mortem rooms of our public asylums disclose many undiagnosed diseases. Apart from this want of real practical experience of medicine, surgery and therapeutics, we are also faced with the fact that our public asylums are ridiculously under-staffed.

In the Munich clinic for mental cases with 120 beds there are fifteen medical men to treat this number of patients, while in our larger asylums in England and Wales, of which we have no less than thirteen, with over 2000 beds, rising to 2800, the average number of medical officers, including the superintendent, is five ! !

Have the general public ever realised this fact, and when they do, will they agitate for some real reform ?

Besides the medical and clinical work which these officers have to do, they have no end of clerical work, and also the arrangement of amusements, etc., for the patients.

In 1891 we find at the German asylum, Alt Scherbitz, near Leipsic, there was one doctor to every 116 patients, while as long ago as 1849, at the Salpétrière hospital for mental cases in Paris, there were twenty resident medical officers and eight visiting physicians to attend 1000 patients, while at the same date our London asylum at Hanwell

for the same amount of patients had only two resident medical officers and one visiting physician.

I fear matters as to medical staff in our public asylums have not much improved in this country during the last sixty years. Reform in this direction must be forthwith made if the recovery rate of mental disease is to go forward.

Let me once more quote from that excellent book, *Shell Shock*, by Dr Elliott Smith and Mr Pear:

"How many of the British public realise the fact that it is quite usual for an asylum doctor to be in charge of at least 400 patients, and that this number rises to 600? When it is remembered that insane patients are even more prone to suffer from physical ailments and that their mental disorders are infinitely complicated by the delay incurred before they come under medical care, a doctor (with such a number of patients to look after) would require titanic energy. . . . The staff of a British asylum is lamentably and obviously too small."

With regard to the medical superintendent himself, who is almost always appointed from the assistant staff, it is clear to all with knowledge of his work and duties that he has far too much administrative work to do, and that a great amount of this should be relegated to some other institution officer, so that he may have more time to devote to the clinical study and the treatment of his patients.

Speaking of medical superintendents of

asylums, Dr Bedford Pierce a few years ago said that occasionally one heard, and he had very little patience with the expression, that the administration was of prime importance, and that scientific work was a secondary consideration. He considered that anyone who entertained such an idea as that did not deserve to be the medical superintendent of an institution for the treatment of sick persons. If superintendents were not physicians, why not have lay superintendents ?

No doubt the Committee of the Medico-Psychological Association will go far more into detail than I have space to with regard to this important matter and the reform needed.

Suffice it, I have indicated four especial reforms :

1. That the ordinary staff of a public asylum should be greatly increased.

2. That visiting paid physicians and surgeons should be attached to all public asylums.

3. That the superintendent and his assistant staff should have far less administrative and clerical work to do, in order that more time might be devoted to that most necessary medical care and clinical knowledge of the patients.

4. That it would be a good thing if before an assistant medical officer is appointed he could have some year or two's experience in general practice.

We have heard from several well-known mental consultants who had been superintendents of institutions for the insane what great good they had found from their experience of some few years of general practice before they went into our

branch of medicine, and I feel certain the want of this practical medical experience on the part of many assistant medical officers of institutions for the insane is one of the causes of the non-increase in the recovery rate.

General Practitioners

Once we can get the public to give up the wrong idea that mental disease is a "stigma," once we can get this same public to at once confide in their family medical man directly they have a suspicion of mental trouble affecting any relative, a great step in advance towards proper treatment of early cases of mental and nerve trouble will be achieved; but to enable the full benefit of this to be effective it is necessary that the general practitioner should learn the symptoms of these cases and be well up in the proper treatment to be carried out.

It is also essential that he should have confidence that his efforts to save his patient from becoming certifiably insane is backed up by the administrative Board.

Now until more or less recently many medical schools had no teachers of insanity on their staff, and even the lecturers on mental diseases when appointed were not well versed in the early stages of this disease, because, being attached to institutions for the insane, such early cases rarely came under their observation.

To be taught the well-recognised symptoms of confirmed insanity is not of much use for general

practice. I suggest that once we get out-patient departments to all large general hospitals, presided over by physicians conversant with early mental and nerve trouble, not only will it be a great boon to our poorer brethren, but it will be a grand school of education for the general practitioner. Furthermore, if legislation on the lines I have foreshadowed be brought in, a scheme of quickly placing these early cases under proper care and treatment without certification can be carried out. Much has been said as to the necessity for the medical student having, as a part of the curriculum, visits to the wards of a public asylum, but I maintain that attendance in an out-patient department for early nerve and mental cases would be of far greater advantage to the student in his after career as a general practitioner.

I hope that when a new Lunacy Act is drafted and passed into law it will be made as simple as possible, and that an abstract of the clauses relating to the general practitioner will be issued.

It is extraordinary how ignorant some of the general practitioners are concerning the Lunacy Laws, and it is not to be wondered at. How can one expect a busy medical man to wade through the Act, with involved legal phraseology, to find out those clauses which more directly affect him in his dealings with insanity in all its stages ?

To sum up my suggestions :

1. Let the student be taught the early symptoms and treatment of incipient nerve and mental ailments.

2. Let an out-patient department for such

cases be adopted by all large general hospitals, presided over by experienced physicians.

3. Let the student and the general practitioner have ready access to such a department.

4. Let these diseases and the laws relating to their treatment be part of the subjects for examination in medicine.

Dr Percy Smith speaks of a combined mental and neurological department at two of the large London hospitals, and goes on to say :

" They are of great value. Cases were referred to them from other departments and, seen in the early stages, were examined and their symptoms considered by someone familiar with mental disease. Many patients have recovered after being treated as out-patients who otherwise would have drifted on to a complete breakdown and the wards of an asylum."

If it were possible to establish clinics on the lines of those of America, France and Germany attached to our general hospitals, with annexes for the reception of these cases, much more good work would result, but the financial condition of our general hospitals seems, for the present, to absolutely preclude such an admirable innovation, while many of our hospitals are, from their position, quite unsuitable for real good to be done in many of these cases.

(*l*) Psychologists and Neurologists

These physicians should work still more hand in hand.

All neurologists who deal with mental cases should pay periodical visits to the wards of asylums, and should be members of the excellent Medico-Psychological Association, attend the meetings, read papers and join in the discussions, while psychologists should gain in every way possible the knowledge of nervous symptoms which may be the beginning of nervous or mental diseases.

I well remember towards the end of last century that it was quite a rare thing to find any well-known neurologist at the meetings of our Association, and when they did put in an appearance they were looked upon by some as intruders.

To-day, as I have already stated in a former chapter, there is ample evidence that the psychologist is taking far greater interest in neurology.

One must hope that in the near future the neurologist will take more interest in the study of insanity in all its stages. The want of practical experience of mental diseases and of knowledge of the dangers to be avoided and the supervision these cases require has, I fear, been the cause of many catastrophes. Once get these two branches of medicine to work in harmony and much real good will be achieved.

(*m*) Criminal Responsibility of the Insane

I need not repeat what I have already urged as a reform in the treatment of criminal moral

defectives for offences such as indecent exposure, incendiarism, breaking windows, etc.

With regard to the capital charge of murder, and the plea of insanity as a defence, I would still urge that the dictum of the four judges in the MacNaghten case, which ever since that date has been the law in these cases, should now be done away with. It has been proved to be unscientific and untrue.

Some judges still sum up to the jury, impressing upon them that this is the law and that they must be guided solely by it in giving their verdict, while others take a much broader and more common-sense reading of it. Again, some judges allow the expert witness a great deal of latitude in giving his evidence, while others still cling to the old idea of "facts only and no opinions."

This is, of course, most unsatisfactory.

It is more than that, it is unjust.

Sir Frederick Needham as far back as 1891 stated his opinion on this question as follows:—

"If a man is called as an expert he must help the jury with his special knowledge to an interpretation of facts.

"He may state the facts that occur during an interview, but surely he ought to claim to draw the legitimate scientific inferences and to state them also. Otherwise his position must be as ridiculous and undignified as that of a civil engineer who might be allowed to say how much iron there was in a bridge and how it was arranged,

but was forbidden to say what relation was borne by the two to the purpose for which the bridge was required; forbidden to state his opinion as to whether the weight, quality and arrangements of the materials were sufficient to ensure stability; an inference which no jury could draw from any mere statement of facts."

It would be impossible to describe the position of a mental expert in the witness box before some judges better than has been done by Sir Frederick Needham. What we want is that justice be done to the unfortunate insane prisoner in the public court by the jury who try him, and not have to wait for a chance of justice being done, after the accused has been sentenced to death, in the condemned cell.

Don't let judges attempt to make any other narrow dictum or raise up another shibboleth to be as heartily condemned as untrue, unscientific and unjust.

With the exception of a short detailed summary of all my suggestions towards reform, my work is completed.

I recognise to the full how imperfect it is, and I regret that I have had to repeat myself perhaps more often than I should have done, but my difficulties have been great.

My one object in writing this book is to rouse the public to agitate to get a new Lunacy Act passed, drafted, as I have suggested, by men of experience, especially by the Board of Control, who have the knowledge of what is required, but

who so far seem to have had no power to use this knowledge to wake up the authorities to the urgency of reform.

If this imperfect work be the means in some small way of helping on such reforms, I shall be contented, and feel that the labour involved in writing this book, in a busy life, will not have been in vain.

CHAPTER XII

A SHORT SUMMARY OF PROPOSED REFORMS

This is, I think, a very necessary chapter and will be helpful for reference, but I trust my critics will not seize upon this summary alone, and will read the reasons for these proposals in the other chapters.

As one writes this summary one feels that much has been missed out in dealing with these questions, and that perhaps too much space has been taken up in repetitions of some important suggested reforms.

I fear these faults are unavoidable in a book of this description, and I hope that when the report of the Committee of the Medico-Psychological Association is published many details as to these reforms which I may not have touched on will help to complete this earnest plea for immediate lunacy reform.

The Public

1. Educate the public from their schooldays not to consider mental disease is any more a stigma than any other ailment man is heir to.

This can be helped forward by health lectures in all the higher classes in all our schools.

2. The words lunatic, mad-house and even asylum should be avoided.

The institutions for the care and treatment of mental diseases should be called either public hospitals, registered hospitals and private licensed hospitals for mental diseases, or some other name which would not give the present impression that this disease is something quite apart and different from any other.

3. That the relatives of any who show symptoms of mental trouble should at once confide in their medical man, instead of, as is constantly the case at present, keeping these illnesses hidden from him, as if they were something to be ashamed of.

It is of the highest importance that these cases should be treated in a right manner as quickly as possible.

4. That the public should be persuaded to believe that those who have the care of the mentally afflicted are actuated by the one desire to do everything possible for their comfort and betterment.

They should be induced to give up the mistaken idea that those who are suffering from mental ailments are kept in any institutions longer than is absolutely necessary, or that any sane persons are now unjustly kept in such institutions for any ulterior purpose.

The Blue books of the Board of Control, if studied, amply dispel this idea.

5. They should be made to realise how legislation, which in their ignorance of facts made them agitate for the Lunacy Act of 1890, is now handicapping the recovery rate by putting

obstacles in the way of proper early treatment of mental diseases.

Once they realise this they will quickly agitate for immediate reform.

Legislation

1. I dislike the idea of amending the Lunacy Act, though even that would be better than the attitude adopted by the Government for twenty-seven years of doing nothing.

2. I maintain that an entirely new Act should be drafted, and called an Act of Parliament for the Care and Treatment of Mental Diseases. That such Act should be drawn up with the help of the Board of Control and a selected number of medical superintendents of institutions for mental diseases, mental consultants and medical men interested in the care and treatment of incipient nerve and mental cases.

3. That such an Act should carefully avoid any clauses which could in any way be interpreted into suspicion of those who undertake the care and treatment of these patients.

4. That the clerical work which the Act of 1890 imposed upon the staff of our institutions for the insane should be considerably simplified and curtailed.

5. That the sections dealing with voluntary boarders should be extended to public asylums, and possibly to private care, but that the twenty-four hours' notice to leave should be extended, so as to give more time for the superintendent to

communicate with the relatives of any patient giving such notice, for reasons I have given.

6. That notification to the Board of Control by the medical attendant of any early and incipient cases of mental disease to the effect that the patient is being placed under definite proper care and treatment should be allowed on the lines of the Lunacy Act of Scotland, but that the time limit for such cases to remain in any one place should be capable of being extended under special circumstances, for reasons I have given.

7. That approved homes for early cases should be allowed, but that such homes and houses taking single cases should be under some sort of supervision, and that this should be carried out either by District Sub-Commissioners or by the Visiting Magistrates.

8. That greater care should be taken in drafting the section relating to the prosecution of those who in good faith have acted in kindly caring for and treating any case which may at any time be considered beyond the borderland.

9. That heavier punishment be meted out to any who can be proved to have neglected or ill-treated any mentally afflicted patient.

The Masters in Lunacy

That their number be increased, and that the appointment of Receivers under Section 116 of the present Act should be made less costly and arranged more expeditiously.

The Board of Control

1. That there should be District Commissioners to help in the visitation of public asylums, registered hospitals, licensed houses and private single cases.

2. That, failing this, the Board of Control should be further increased, or that the Visiting Magistrates should relieve the Board of some of this work, especially if notification is allowed.

3. That more encouragement should be given to all superintendents of all institutions for mental ailments, and less annoying minor complaints be published in the reports from the Visitors' books in the Commissioners' yearly Blue book.

4. That the attitude of officialism and of suspicion should be departed from, and every effort made to remove the idea from the patients' minds, especially the early cases, that they are persons of unsound mind and certified as such.

5. That the Board of Control should have published at least once a year a summary of their reports of institutions in the leading London papers.

This summary should specially emphasise the fact, so often repeated in their reports, that the patients under their supervision are well cared for, and that they have had no case of any sane person being kept in an institution. That the public should have their attention drawn to the fact of the Board's satisfaction with the care and treatment of those they visit.

As a rule, the extracts from these reports in

the London papers deal mostly with statistics about which the general public take no interest.

The Magistrates

1. That all magistrates should be appointed to sign orders under the Lunacy Act, or at least that the numbers of those selected for this duty should be greatly increased.

2. That in dealing with mental cases found wandering, or not under proper control, the evidence should be heard *in camera* and not in the public court.

3. That the mental defectives who commit crimes should not be sent to prison, but placed in registered and approved homes under the Mental Deficiency Act, and that the magistrates should urge that a penal colony should be started for such cases, where they might be taught a trade and made at least partially to earn their maintenance.

Institutions for Mental Diseases

1. That no more barrack-like, huge asylums be built, and that all additions to existing asylums should be on the homely cottage communal system already described.

This plan has been found to answer admirably in other countries, and in a few instances in this land, and should be encouraged.

The Local Government Board should not interfere with the suggestions of authorities who want

to obtain loans for the purpose of building new institutions or adding to existing ones, but, once the necessity for such new buildings or additions has been proved to the Board, the Local Government Board should leave the plans in the hands of those who are using the ratepayers' money for such purpose.

To use an old expression: "The man who pays the piper should be allowed to call the tune."

2. That greater care should be taken with regard to classification and departmentisation of cases, especially the recently admitted cases.

3. That visiting physicians and surgeons be appointed to all public asylums to help the medical staff in the medical and surgical treatment of patients, for reasons already given.

4. That special attention should be given to consumptive cases on the lines suggested in Chapter XI.

Registered Hospitals

That the Board of Control should have more power given them to see that the profits of these institutions should be much more utilised towards lessening the terms of those in poor circumstances.

Private Licensed Houses

1. That licences should be able to be moved from one county to another, subject to the approval of the Board of Control and the magistrates in the Provinces.

Private Care

1. That this kind of treatment for suitable cases be far more encouraged, not only for the wealthy classes, but also for the poor.
2. That "approved homes" for early cases of mental diseases be allowed, and admission to such homes be by notification, and that said notification should apply also to single private care.
3. That all such cases should be under some sort of supervision.

Medical Officers of Institutions for Mental Diseases

1. That no medical man be appointed to any post in such institutions who has not had at least two years' experience in general practice.
2. That the medical superintendent should have less administrative work to do, and so have more time to devote himself to medical and clinical work among his patients.
3. That the assistant medical officers should be increased, so that at least there should be one assistant medical officer to every 300 cases.
4. That the assistant medical staff should have a great deal more time to devote to the special clinical study and medical treatment of early cases.

The General Practitioner

1. That all medical students should be taught the symptoms and treatment of incipient cases of

mental diseases, and that all possible opportunity should be given them to gain clinical knowledge of such cases by the appointment of out-patient departments for such cases in all our large general hospitals. Wherever it is possible in towns in which there are medical schools, that these general hospitals should have annexes for the admission and treatment of these early cases.

2. That mental diseases and the treatment especially of early cases should form part of the examination in medicine.

3. That the general practitioner should do all in his power to get the public to agitate for reform in the Lunacy Act, especially appertaining to the notification of early cases.

Psychologists and Neurologists

That these specialists should work far more hand in hand than at present.

Criminal Responsibility

1. That the MacNaghten judgment be obliterated from the Criminal Law as unscientific, untrue and unjust.

2. That medical witnesses should be allowed far more latitude in the witness box.

3. That justice to the insane murderer should be meted out in the public Criminal Court rather than in the condemned cell.

Early Mental Cases

I must repeat myself in dealing with this most important question.

The great reform needed with regard to these cases is, that general hospitals, special hospitals (such as that founded by the generosity of the late Dr Maudsley), approved homes (such as that founded by Lady Chichester for such cases among the poor), approved homes for the wealthier classes, or private houses for single care, should all be allowed by the law to receive such cases without certification, but with simple notification by the medical attendant to the Board of Control.

This plan has been found to answer admirably in Scotland and other countries, and to be of the greatest use, so that there can be no reason why it should not be adopted in England and Wales. Besides being a blessing to the poorer classes, besides helping to remove the idea that mental disease is something to be ashamed of, it would be the greatest boon to the medical student and the general practitioner.

APPENDIX[1]

With regard to undue influence, it would appear from the decision of the late Mr Justice Hannen in the case of Wingrove *v.* Wingrove, 1886, that to invalidate a will on these grounds it must be shown that the testator or testatrix was "coerced" into doing that which he or she did not desire.

Coercion may be of different degrees. The influence of a harlot or dissolute companion to induce a person to make a will leaving her money is not undue influence in the eyes of the law. It must be proved that the person who made the will was definitely coerced.

This, of course, allows a considerable latitude to unscrupulous persons and seems, from an equitable point of view, to be wrong.

Fraud is excepted, but fraud does not seem to be definitely defined.

What is meant by fraud in such cases?

Let me take an instance.

Supposing a father with a son and daughter is about to make a will. The son is abroad. The daughter poisons the father's mind against her brother, and the effect of such poisoning of the mind results in the brother being cut out of the will.

[1] See "Testamentary Capacity," Chapter X.

This does not amount to coercion as far as I read the ruling.

Is it fraud ? If so, a plea of fraud would have to be entered, and we should then see what the legal definition of fraud is in such a case.

In a more recent case, Bandain and Others, defendants, and Richardson and Others, plaintiffs, which was an appeal from the Royal Courts of Jersey to the Privy Council, before Lords Macnaughton, Robertson and Winley and Sir Arthur Wilson, Lord Macnaughton said in this case the testatrix was of sound mind, memory and understanding, and that there was no evidence of undue influence used by a nurse-companion, to whom the testatrix, Miss Westaway, had left £1000.

Both the will and codicil were shown to have been the expression of the wishes of the testatrix and not induced by fraud or coercion or undue influence, and the will stood.

It was clear that in this case the legatee was much liked by the testatrix, and the testatrix clearly left her the money in the belief that having done so she, the nurse-companion, would be induced to remain with her.

Both the late Mr Justice Hannen and Lord Macnaughton said that there was always a total misapprehension in the minds of the lay public regarding " undue influence," and that legally mere undue influence would not avail unless coercion or fraud could be proved.